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ABSTRACT

This Kids Count report is the fifth to examine statewide trends and county data on the well-being of Nebraska's children. The bulk of this statistical report presents findings on 32 indicators of well-being in 8 areas: (1) juvenile justice, including juvenile arrests, and numbers committed to youth rehabilitation and treatment centers; (2) physical and behavioral health, including low birth weight, prenatal care, teen birth rate, infant and child mortality, immunizations, teen suicide, and teen drug use; (3) child abuse and neglect and domestic violence, including substantiations of abuse and neglect, and hospitalizations; (4) out-of-home care, including foster home availability; (5) education, including high school graduation rates, school expulsion, and special education students; (6) economic well-being, including poverty rates, divorces and child support, and families receiving cash assistance; (7) nutrition, including numbers receiving food stamps, free or subsidized school lunches, and summer food programs; and (8) early care and education, including Head Start enrollment, child care availability, and child care subsidies. The report combines statistical data, the results of impact studies, and policy information related to indicators of well-being. Statistical data are reported for each county and statewide. Findings indicate that while the number of immunizations and the number of licensed foster care homes have increased, the number of children living in poverty and the number of substantiated child abuse cases are still high, and the rate of juvenile arrests continues to rise. The report also describes the methodology and data sources. (Contains 11 references.) (KB)

KIDS COUNT

In Nebraska

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1997 REPORT

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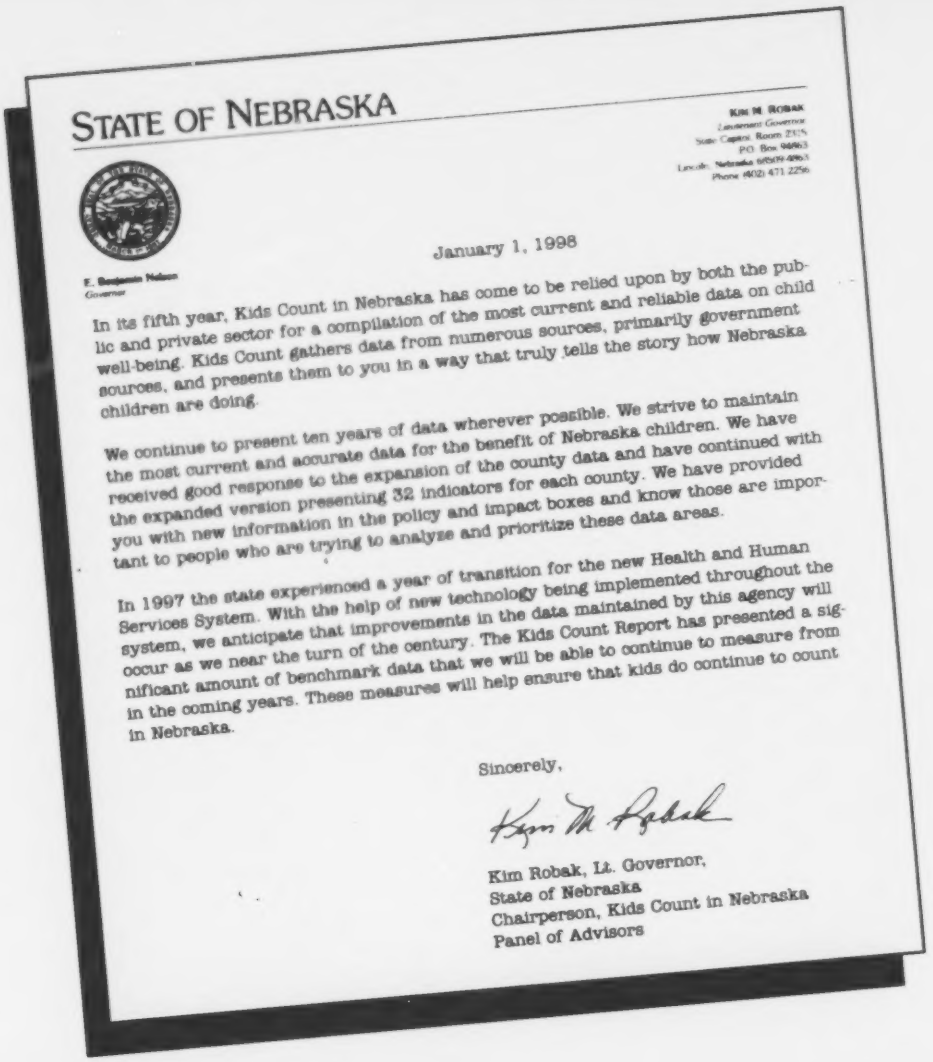

STATE OF NEBRASKA

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E. Benjamin Nelson
Governor

January 1, 1998

In its fifth year, Kids Count in Nebraska has come to be relied upon by both the public and private sector for a compilation of the most current and reliable data on child well-being. Kids Count gathers data from numerous sources, primarily government sources, and presents them to you in a way that truly tells the story how Nebraska children are doing.

We continue to present ten years of data wherever possible. We strive to maintain the most current and accurate data for the benefit of Nebraska children. We have received good response to the expansion of the county data and have continued with the expanded version presenting 32 indicators for each county. We have provided you with new information in the policy and impact boxes and know those are important to people who are trying to analyze and prioritize these data areas.

In 1997 the state experienced a year of transition for the new Health and Human Services System. With the help of new technology being implemented throughout the system, we anticipate that improvements in the data maintained by this agency will occur as we near the turn of the century. The Kids Count Report has presented a significant amount of benchmark data that we will be able to continue to measure from in the coming years. These measures will help ensure that kids do continue to count in Nebraska.

Sincerely,

Kim M. Robak

Kim Robak, Lt. Governor,
State of Nebraska
Chairperson, Kids Count in Nebraska
Panel of Advisors

Kids Count is a national and state-by-state effort sponsored by the Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska in collaboration with the Department of Family and Consumer Science, University of Nebraska at Lincoln, and numerous agencies in Nebraska which maintain important information about child well-being. The Kids Count Technical Team is comprised of data representatives from each of those agencies who not only provide us with information from their databases but advise us on the positioning of their data in relation to other fields of data as well. We could not produce this report without their interest and cooperation. **Kids Count in Nebraska,** sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's fifth report.

*Additional copies of the **1997 Kids Count in Nebraska** report as well as 1993, 1994, 1995 and 1996 reports, are available for $10.00 each from:*

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Commentary

Beyond the Data . . . Relaying the Message

As we prepare to release our fifth *Kids Count Report*, it is important to revisit our initial goals for this project. The goals of Voices for Children are embodied within each *Kids Count Report;* to *collect and disseminate reliable, credible information about the well-being of Nebraska's children which can be utilized by everyone from policy makers to program staff to ensure that children receive high quality services which effectively meet their needs.*

Simply presenting data in a report, however, is not enough. We owe a great deal of gratitude to the media who not only participate heavily at the time of our release, but also call frequently throughout the year for specific data on topics they are covering. When information provided to decision makers at the time of the Kids Count release is later reinforced on the six o'clock news or in the morning newspaper, our chances for setting sound, realistic policies are increased. Because the decision makers are reliant upon the media, and the media are reliant upon Voices for Children, we have an obligation to provide the most accurate information we can obtain.

Unfortunately, a recent national report authored by Robert Shephard, Ph.D. for the National Coalition for Juvenile Justice, found many examples of inaccurate or incomplete reporting of issues relating to juvenile justice. The report entitled, *The News Media and Juvenile Crime*, reviews the recent history of our juvenile justice system. It compares the true statistical trend with the media coverage of those crime rates and the subsequent policy set to increase penalties for juvenile offenders. The following are the two opening paragraphs of the Executive Summary.

> The shape of juvenile justice in America has been significantly transformed over the past ten years. A growing number of juvenile offenders, especially serious and violent offenders, are being tried and sentenced as adults, those juveniles retained in juvenile or family court for trial as juveniles are subjected to increasingly punitive penalties, juvenile curfews are being enacted in big cities and small towns, parental responsibility statutes have become very popular, and the traditional confidentiality of juvenile proceedings and records has been dramatically eroded. The impetus for these major "reforms," that have significantly narrowed the gap between the juvenile process and adult criminal treatment, is generally attributed to what is believed to be a dramatic increase in juvenile delinquency and violent crime.
>
> However, the facts reveal that in 1974 juveniles accounted for 31.3% of all crimes cleared by arrest and 12.5% of all violent crime, compared with 21.7% of all crimes twenty years later in 1994 and with 14.2% of violent crime. Although there was an intervening dip in juvenile delinquency in the mid-1980s, juvenile offending rates have varied little over the past twenty years or so. What has driven much of the punitive legislation is a dramatic increase in juvenile homicides, largely attributed to the greater availability of firearms, and, importantly, the public and political perception that juvenile delinquency and youth crime have become epidemic, and a major threat to the peace and order of society. As illustrated above, there is a gap between perception and reality, and the Coalition for Juvenile Justice, among others, has tried to place the increases in juvenile delinquency and youth crime in perspective with other developments in our society. The data used are sometimes quite misleading because juvenile arrest data are quoted out of context, and without acknowledgment of the fact that because juveniles commit some types of crimes in groups, they are over-represented in arrest data. For example, juveniles accounted for 17% of all arrests for murder in 1994 but only 10% of all murders cleared by arrest were of juvenile suspects (Coalition for Juvenile Justice 1997 Annual Report).

The report identifies numerous research projects, including one which found that "a survey of local television coverage of youth in the state of California in 1993, concluded that over half of the stories on youth involved violence, while more than two-thirds of the violence stories concerned youth" (Dorfman, et al, 1997), yet the reality is that only 14.38% of all arrests for violent crime in California that same year were of youths younger than 18 (Morgan, Morgan & Quitno, 1995). Thus, more than two-thirds of the television news coverage of violent crime was focused on juveniles while youth were responsible for less than 15% of that violence.

Equally unfortunate is the distorted coverage of the role of minority youth in delinquency and serious and violent

Compilation of Juvenile Justice photos from Kids Count in Nebraska 1993-1996.

crime, because it encourages and strengthens the attitude that such youth are "undeserving" of public funds and attention, further eliminating or diminishing public support for programs that will have a positive impact on future offending.

Much more could be accomplished by featuring the many exciting and positive accomplishments of this generation of young people, rather than continuing the largely negative portrayals of youth. Less than half of one percent of youth between the ages of ten and seventeen are ever arrested for committing a violent crime, yet little attention is paid to the other 99.5%. If nothing else, the media needs to be conscious of generating a future market for their products. One helpful strategy is to involve young people themselves on a "youth beat," or writing youth columns and reporting on youth news.

A growing number of media outlets have acted deliberately to establish policies for crime and delinquency coverage. KVUE-TV in Austin, Texas is one example. With the then-highest rated local news show, the station chose to take a new approach to covering crime stories. In order for a story to be covered on the local news, it must meet "one or more of five criteria: 1) Does action need to be taken? 2) Is there an immediate threat to safety? 3) Is there a threat to children? 4) Does the crime have significant community impact? 5) Does the story lend itself to a crime-prevention effort?" (Holley, 1996, p. 28). Since the adoption of the new criteria in January of 1996, the policy has been tested by breaking stories on a number of occasions, but it is still being followed. The station still has the top-rated local news show in Austin.

In conclusion, we are grateful to all of the news media who do call us for statistical information when they are covering stories on everything from youth violence to welfare reform. We share the concern reflected in this national report and do our best to ensure that the data we have are as accurate as possible. Sometimes problems within reporting systems create gaps in critical data or cause an incomplete picture to be presented.

One of our goals at Voices for Children is to improve the quality and consistency of data available. We hope you have begun to see the results of our work in the Kids Count Report and will continue to see improvements in future reports. We encourage you to use the combination of statistical data, impact studies and policy information presented in this report to do needs assessment and program planning as well as to set new policy directions. The future of our children and our state depends on all of us.

Kathy Bigsby Moore, Executive Director
Voices for Children in Nebraska

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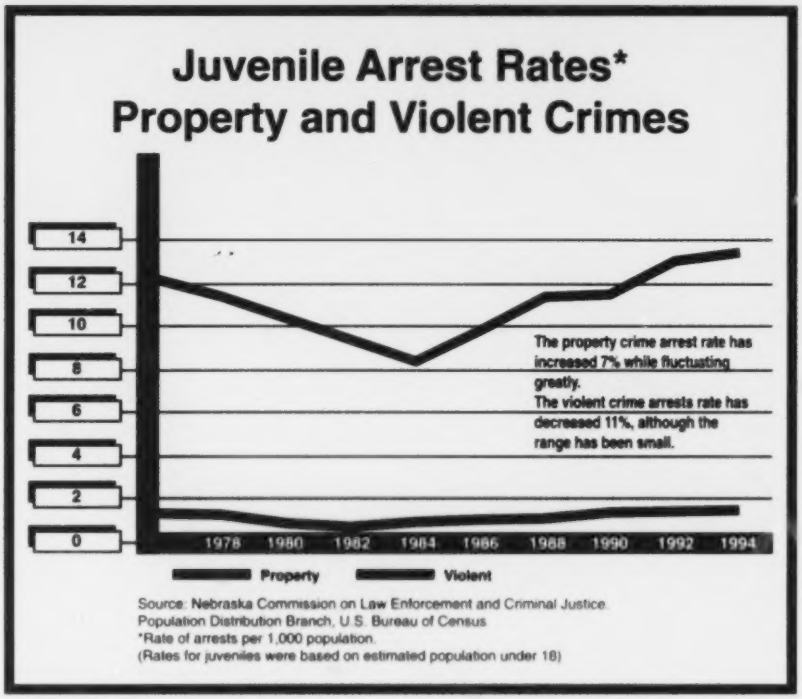
Juvenile Justice

Expenditures on Prevention and the Costs of Juvenile Crime

In 1996, Nebraska spent $100,000 in state tax dollars and $300,000 in federal tax dollars on the DARE program which informs school children on the dangers of drugs. An additional $121,000 in federal dollars was spent on other juvenile crime prevention programs. This is compared to $7,040,206 in state tax dollars and $2,557,781 in federal tax dollars during the same year spent on juveniles who had been arrested and adjudicated by the courts. Dollars spent on the costs of crime were for commitment in Youth Rehabilitation and Treatment Centers at Kearney and Geneva, for parole and for other costs relative to juvenile post-arrest proceedings. A significant amount of additional county and city money is also spent on juvenile detention, arrests and some court costs.



Juvenile Arrests

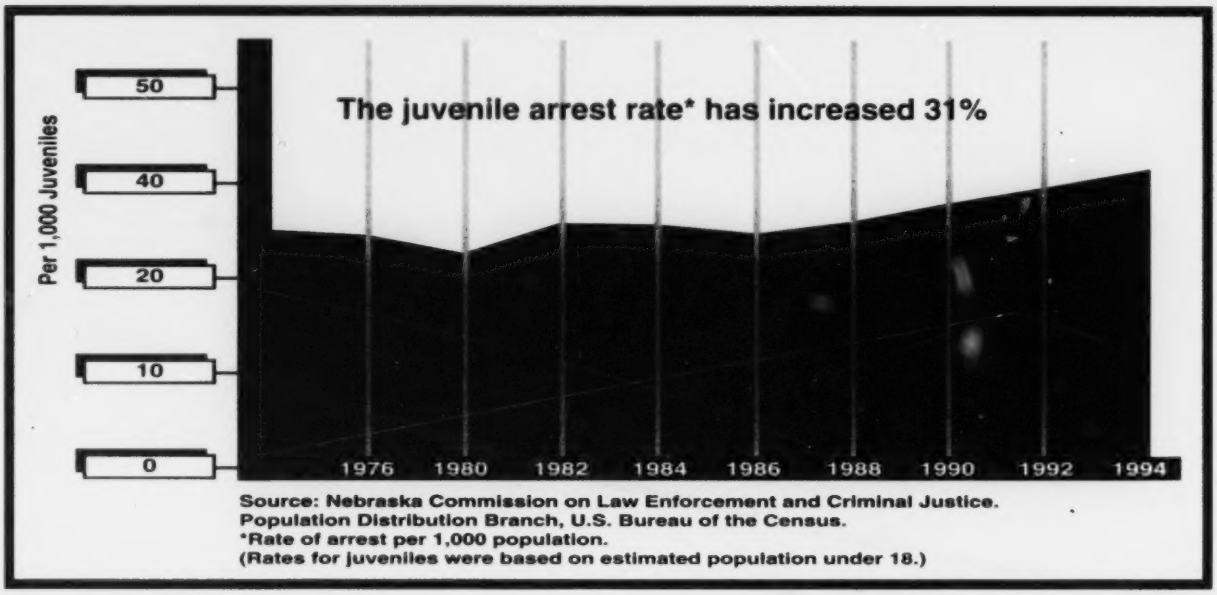
We are not able to report on juvenile arrests for the entire state of Nebraska for 1996 due to the fact that Omaha data were not available in time to be checked by the Crime Commission and factored into the statewide rates. Therefore, in addition to repeating our statewide 10 year trend data from last year's Kids Count report we are providing you with a look at the 20 year trend.

The Commentary Section at the beginning of this report points to problems with media coverage of juvenile crime. Because our Kids Count Report focuses on 10 year trends we have presented the same juvenile arrest picture that is often presented in the media, one that shows a dramatic increase in juvenile crime over the last ten years. A report entitled Juvenile Offenders in Nebraska was released in 1995 by the Nebraska Commission on Law Enforcement and Criminal Justice presenting 20 years of data from 1975 through 1994. This 20 year period reflects a crime rate for juveniles in the 1970s that is close to what it is today with a significant reduction in that rate in the mid 80s. The 10 year increase, therefore, is from a rate that was dramatically lower than it had been in the previous 10 years. From 1975 to 1994 Nebraska experienced:

- an 8% decrease in the overall juvenile population,
- an 11% decrease in the juvenile arrest rate for violent crimes compared to a 9% decrease for adults committing the same crimes,
- a 7% increase in the property crime arrest rate for juveniles compared to a 28% increase for adults,
- a 31% increase in the juvenile arrest rate compared to a 94% increase in the rate for adults.

It should be noted that types of crimes being committed by juveniles have changed and during the same period there was a 343% increase in the arrest rate for weapons offenses (from 77 to 312).

While we still need to be concerned about the increasing crime rates among juveniles it is helpful to see that there was a previous decrease that we may be able to accomplish again. This year we are unable to report statewide numbers for specific kinds of arrests since Omaha has not yet reported these data. **In the meantime, we provide you with the following statewide data for 1996 excluding Douglas County.**



Source: Nebraska Commission on Law Enforcement and Criminal Justice. Population Distribution Branch, U.S. Bureau of the Census.
***Rate of arrest per 1,000 population.**
(Rates for juveniles were based on estimated population under 18.)

Part I Offenses – Excluding Douglas County

Part I offenses include violent crimes and various property crimes. In 1996 in regard to arrests for violent crimes, there were 3 juvenile arrests outside Omaha for murder/manslaughter, 2 juvenile arrests for death by negligence, 9 for forcible rape, 43 for robbery, and 94 for aggravated assault.

Part I offenses for property crimes in 1996 outside Omaha included 3,648 juvenile arrests for larceny-theft, 290 arrests for motor vehicle theft, 1,848 arrests for simple assault, 70 arrests for arson, 95 arrests for forgery, 65 arrests for fraud, and 8 arrests for embezzlement.

Part II Offenses – Excluding Douglas County

Part II offenses include a wide range of crimes. For juvenile arrests outside Omaha, in order of frequency there were 1,929 arrests for liquor violations (including 1,215 male arrests and 714 female arrests), 1,491 arrests for vandalism, 749 arrests for drug violations, 737 for curfew violations, and 658 for disorderly conduct. There were 588 juvenile arrests of runaways, 311 arrests for driving under the influence, 222 for receiving stolen property and 174 for weapons violations. There were 69 arrests for sex offenses, 24 arrests for offenses against family, and 2,416 for all other offenses.

Rape

There were 97 juvenile victims of forcible rape in 1996 outside Omaha, up from 52 in 1987. Perpetrators were of adult age as well as juveniles.

Probation

In December 1995, 3,595 Nebraska youth were currently on probation by the courts, after their arrests.

"This is another interesting thing, the 'Nebraska Boys Reformatory' the 'Youth Development Center,' and the 'Youth Rehabilitation and Treatment Center,' we've had those three names since I have been a judge and they've all referred to the exact same physical place and the exact same program. But any time we want to say there is a problem with youth and correctional services, we've never changed anything except the name of the institution, and that's somehow supposed to correct things."

– John Icenogle, District Court Judge in Buffalo County

Impact

Delinquency prevention is cost effective. The total cost of the violent crime career of a young adult 18 to 23 years old is estimated to be $1.1 million. The average cost of incarcerating a juvenile for one year is approximately $34,000. By contrast, Head Start's preschool intervention program, which has been shown to be an effective delinquency prevention program, costs only $4,300 per year per child.

The majority of funding currently available for children's mental health needs in the United States is spent on expensive out-of-home placements such as residential treatment facilities, psychiatric inpatient treatment, or incarceration. However, no scientific evidence has shown that these treatments are effective in ameliorating or reducing the serious behavioral difficulties demonstrated by juvenile offenders.

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Tiyrone's Story

Tiyrone, age 17, has spent the better part of the last 18 months locked up. During that time he escaped from the Douglas County Youth Center, spent 8 months in Z-Mod, pled guilty to the escape and was sentenced to the state penitentiary in Lincoln, became a father when his girlfriend gave birth to his daughter in March, spent four months in Lincoln and was then paroled, violated his parole after two months due to quitting his G.E.D. course, and went back to the penitentiary to complete the three final months of his sentence. As Tiyrone reflects on the actions over the past few years he says, "It ain't worth it, but when you're young, no one can tell you no different."

Tiyrone

"Parents should be able to go and ask for help without the fear of it being twisted and put back on them."

– Janie, a mother of four, who tried to get help prior to her son, Tiyrone, getting arrested and incarcerated

Detention After Arrest

Options for officers who arrest juveniles are (1) to release the juvenile to parents or relatives, (2) to prepare a written notice requiring the juvenile to appear before the juvenile court of the county, or (3) to take the juvenile before the juvenile court or probation officer if there is a need for detention.

In 1996, 3,925 arrested Nebraska youth were held in secure youth facilities. Another 1,506 arrested youth were detained in adult jails and lockups. Periods of detention vary from one day to more than a year, pending trial or serving a sentence. The average number of days juveniles were detained in secure juvenile detention centers was 157.4 days. The average number of days juveniles were detained in adult jails and lockups was 25.3 days, outside Omaha and Douglas County, for which data were not available.

Committed to Youth Rehabilitation and Treatment Centers

During Nebraska State fiscal year 1996, there were 865 male youth under age 19 who had been committed to and were serving time at the Youth Rehabilitation and Treatment Center in Kearney. This number was up from 530 in 1992, an increase of 63%. During 1996 there were 172 female youth under age 19 committed and serving time at the Youth Rehabilitation and Treatment Center in Geneva and this number was also up, from 103 in 1992, an increase of 67%. The juvenile courts commit youth to these correctional facilities for crimes against persons or property. The average stay at Kearney in 1996 was 3.7 months; the average stay at Geneva was 5 months.

Adult Jail

Youth tried for crimes in adult court may be incarcerated in adult prisons. In state fiscal year 1996, 228 youth under age 19 were incarcerated in adult prisons in Nebraska.

Parole in 1996

During state fiscal year 1996 there were 668 releases of Nebraska youth to parole under supervision by the juvenile courts, post-commitment to the Youth Rehabilitation and Treatment Centers. On June 30, 1996, eight youth were on parole after incarceration in adult prisons.

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Health: Physical and Behavioral

Births

In 1996, there were 23,271 live births to Nebraska mothers, including 327 sets of twins, 21 sets of triplets and 1 set of quadruplets. In the ten years from 1987 to 1996 a total of 236,378 babies were born in the state. Statistics show that although most Nebraska babies enjoy good health, there are a number of key areas which need improvement.

Twin sisters Jennifer and Julie, age 4.

Prenatal Care

Early prenatal care and regular prenatal visits increase the probability that babies will be born healthy, because medical problems can be detected earlier and high-risk health habits such as substance abuse and smoking may be curtailed. According to the Kessner Index, which combines information concerning the trimester when prenatal care began, the number of prenatal visits, and the length of the pregnancy; in 1996, 4.2% of all Nebraska mothers received inadequate prenatal care. This percentage is higher for mothers of some racial and ethnic minority backgrounds. For Black mothers, the percentage receiving inadequate prenatal care was 10.9%. For Hispanic mothers the percentage was 10.3%, for Native American mothers 21.3%, and for mothers of other race 8.7% received inadequate prenatal care as estimated by the Kessner Index.

Low Birth Weight and Birth Defects

Low birth weight/premature birth is the third leading cause of all infant mortality in the United States and the leading cause of death for babies born to Black women. In 1996 in Nebraska, 6.3% (1,466) of all live birth babies were born at weights less than 2,560 grams (below 5.5 lbs.). National and Nebraska health objectives are to reduce the percentage of babies born with low birth weight to 5% of all births by the year 2000. A total of 1,683 birth defects were diagnosed among all Nebraska births in 1996. Birth defects were reported three times more frequently among low birth weight babies than among those of normal weight.

Smoking during pregnancy is an important indicator of risk for low birth weight, premature birth, and subsequent infant mortality. Tobacco use during pregnancy is associated with up to one-fifth of all low birth weight babies. From 1992 to 1996, for Nebraska women giving birth, the percentage reporting use of tobacco during pregnancy decreased from 19.8% to 16.5%, still well beyond the National Year 2000 goal of 10%. Among racial/ethnic groups, tobacco use was reported by 31.8% of Native American mothers, 16.6% of White mothers, 15.6% of Black mothers, 6.7% of Hispanic mothers and 3.1% of Asian mothers.

Births to Teens

Babies born to young teens are more likely to die in their first year than babies born to women 20-39. Over the ten year period 1987 to 1996, there were 379 births to girls age 10-14, and 7,647 births to girls 15-17 in Nebraska. In 1996, there was one birth to a girl twelve years old, five births to girls thirteen years old, 33 births to girls fourteen years old, 105 births to girls fifteen years old, 272 births to girls sixteen years old, and 461 births to girls seventeen years old – a total of 877 births.

Out-of-Wedlock Births

Teen births are most often out-of-wedlock births, and in addition to predicting negative health outcomes, teen births often predict negative educational, social and economic outcomes for young mothers and their children. A correlation exits between out-of-wedlock births and poverty rates among single female-head families. In Nebraska in 1996, 24.8% of all births were out-of-wedlock births. Of the total 5,759 out-of-wedlock births in 1996, 810 were to girls less than eighteen.

Immunizations

The U.S. Center for Disease Control and Prevention (CDC) has set a national immunization goal that 90% of all two-year olds be immunized with four diptheria-tetanus-pertussis (DTP) shots, three polio shots, and one measles-mumps-rubella (MMR) shot. In 1996, approximately 82% of Nebraska's two-year olds were thus minimally immunized according to CDC estimates; the national coverage level is 78%. Additionally recommended by CDC are hepatitis B

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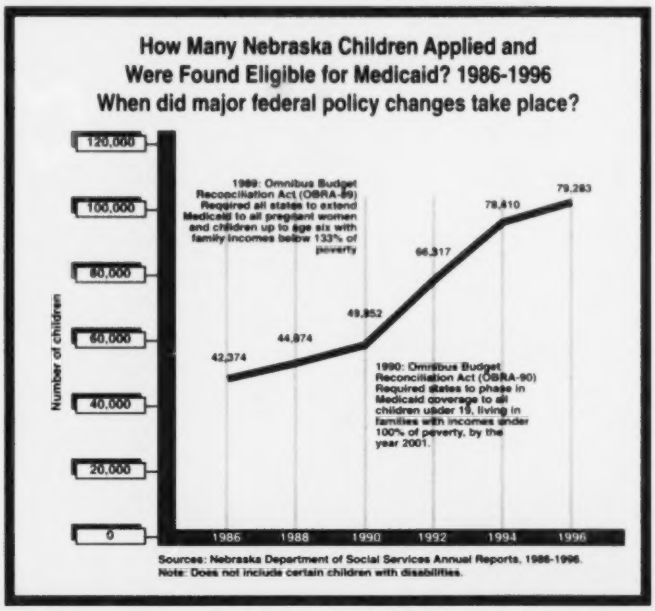
(Hep B), haemophilus influenza Type b (HIB) and varicella (chicken pox) shots. Licensed child care facilities in the state require the HIB shots, as well as the DTP, polio and MMR shots.

By state law, the Nebraska Immunization Program annually monitors the immunization levels in licensed child care facilities, which in 1996 were lower than the CDC estimates, with 56% of two-year-old children at least minimally immunized in Douglas County, 66% in Lancaster County, and 65% in the remainder of counties. The program also monitors immunization rates in the public and private schools; the school age coverage rate was 99.5%. Immunizations are not required by law for home-schooled children.

From 1990 to 1996, in Nebraska there were 88 reported cases of pertussis (whooping cough), a potentially deadly disease for young children. Although all children must receive the minimal immunizations required by the state before they enter kindergarten, many Nebraska children are unprotected between birth and age 5.


How Many Nebraska Children Applied and Were Found Eligible for Medicaid? 1986-1996
When did major federal policy changes take place?
Number of children
120,000
100,000
80,000
60,000
40,000
20,000
0
1986
1988
1990
1992
1994
1996
42,374
44,974
49,952
66,317
78,810
79,283
1989: Omnibus Budget Reconciliation Act (OBRA-89) Required all states to extend Medicaid to all pregnant women and children up to age six with family incomes below 133% of poverty
1990: Omnibus Budget Reconciliation Act (OBRA-90) Required states to phase in Medicaid coverage to all children under 19, living in families with incomes under 100% of poverty, by the year 2001.
Sources: Nebraska Department of Social Services Annual Reports, 1986-1996.
Note: Does not include certain children with disabilities.

Blood Lead Levels

Children with elevated levels of lead in their blood are at significant risk for permanent brain damage. Lead poisoning can lead to decreased intelligence, behavioral disturbances, developmental disabilities, and blood and lymph disorders. In 1996 only 5% of Nebraska's 120,000 children below age six were screened for lead poisoning, leaving many potential lead toxic children undetected. Approximately 10% of the 5,826 children tested had blood levels at or above 10 ug/dL which is CDC's level of concern. The single common thread for almost all lead-poisoned children is that they live in older homes that contain lead-based paint. Although any home built before 1978 may have lead-based paint, it is primarily the homes built before 1950 that present the greatest risk. Approximately 37% of homes in Nebraska were built before 1950.

Medicaid

Acute and preventive medical services for children in households with low incomes are paid for by Nebraska Medicaid. Medicaid eligibility will not be changed by welfare reform. In 1996, all children receiving Aid to Dependent Children (ADC) benefits were automatically eligible for Medicaid. Children under 6 in households at or below 133% of the federal poverty level were also eligible, as were children age 6-13 who live in families with income at or below the poverty line. Pregnant women and children under one year with family income at or below 150% of the poverty line were also eligible for Medicaid.

Coverage to more children has continued since the enactment of numerous state and federal policy changes between 1986 and 1995. In the year 2001 a phase-in of Medical eligibility to all children under 19 living in families at or below the federal poverty level will be complete. Due to these changes, there has been an increase in the number of Nebraska children designated eligible by Medicaid; from an average monthly eligible 44,556 in 1987 to 79,283 in 1996.

Low-income children were 56.0% of all Nebraskans enrolled in Medicaid in 1996, but only 20.6% of all Medicaid expenditures were for services for those children. In addition to children, Medicaid also provides medical assistance to the low income elderly (35.7% of all Medicaid expenditures in 1996) and to the blind and disabled (35.5% of expenditures) and AFDC adults (8.2% of expenditures).

Access to Health Care: Health Insurance

Access to health care is an important predictor of health outcomes for children. Despite the expansion of Medicaid, many children remain uninsured. An estimate which averages U.S. Bureau of the Census Current Population Survey data over the years 1992 through 1996 indicates that approximately eight percent, or 40,600 Nebraska children lived in families without health care coverage. Of children without health care coverage, over half lived just above the poverty line but were not eligible for Medicaid.

Child Deaths in Nebraska

Infant children under one year have much higher mortality rates than older children. The majority of infant deaths are due to factors related to their general health and weight at birth. Older children are more likely to die of accidental injuries, suicide and homicide, although about a third of these deaths are also due to medical conditions.

Primary Causes of Infant Death in Nebraska 1987-1996

Cause	Frequency
Birth Defects	461
SIDS	389
Other Health-Related Causes	227
Other Perinatal Conditions*	127
Prematurity*	124
Other Respiratory Conditions*	115
Maternal Complications*	95
Respiratory Distress Syndrome*	77
Placenta Complications*	67
Heart Disease	57
Accidents	53
Hypoxia Asphyxia*	40
Perinatal Infections*	40
Pneumonia	32
Homicides	18
Other Injury	3
TOTAL	**1,925**

Source: Death Certificates, Health Records Management, NHHSS.
***A significant proportion of these deaths are related to prematurity and low birth weight.**

Infant Mortality

The infant mortality rate in Nebraska in 1996 was 8.7 deaths per thousand live births. This rate is based on the 203 Nebraska babies born alive who died before reaching their first birthdays in 1996. It is higher than the Nebraska Year 2000 Objective of 5.0 deaths per 1,000 live births. The 1992-1996 infant mortality rate of 8.0 deaths per thousand is less than the 1987-1991 rate of 8.2. Nebraska's infant mortality rate is higher than those of 35 other states according to the 1996 National Kids Count Report.

Among some groups, the infant mortality rate tends to be higher than the 8.5 rate among Whites. The average infant mortality rate for 1992-1996 for African American infants was 17.6 deaths per thousand (110 infant deaths), for Hispanic infants 9.4 deaths per thousand (68 infant deaths), and for Native American infants 8.9 deaths per thousand (16 infant deaths). For Asian American babies, the infant mortality rates over the five year period was lower at 4.4 deaths per thousand (8 infant deaths) than were rates for other racial/ethnic groups. Based on death certificate information, the leading cause of infant deaths in 1996 (46 deaths) was birth defects. Prematurity was another major cause of infant death (16 deaths), as were violent or accidental causes (16 deaths). Low birth weight, though not necessarily a direct cause, was associated with 61% of Nebraska's 1996 infant deaths. Infant death from Sudden Infant Death Syndrome (SIDS) has decreased, down from 47 deaths in 1993 to 31 deaths in 1996. Information seems to be reaching parents and child-care providers that an infant should be put on its back rather than its stomach while sleeping. SIDS continues to be the second leading direct cause of infant deaths.

Mortality Among Children 1-19

There were 190 deaths among Nebraska children age 1-19 in 1996. The majority of these deaths were not due to medical illness: 87 (46%) were accidents, of which 59 (31%) of the total were caused by motor vehicle accidents. Another 22 (11.6%) deaths were suicides, and 11 (5.8%) of all Nebraska child deaths were homicides. Deaths due to medical conditions, with birth defects the leading cause, accounted for 28.4% (54) of all deaths among children 1-19.

According to the Nebraska Department of Roads, 55 Nebraska children were killed in motor vehicle traffic accidents in the state in 1996. Alcohol or drugs were involved in 11 of these deaths. Another 555 children received disabling injuries and 2,518 visible injuries. Of the total fatal accidents, 62% of the children were not wearing seat belts. Of the total disabling injury accidents, 63% of the children were not wearing seat belts.

Drivers 17 and under were involved in 7,824 total Nebraska motor vehicle accidents in 1996, of which 32 were fatal accidents, 344 disabling injury accidents, 1,245 visible injury accidents, 1,993 possible injury accidents and 4,210 property damage only accidents.

Impact

In 1988, health care, education, and child care for the 3.5 to 4 million children under age 16 as low birth weight babies costs between $5.5 and $6 billion more than they would have if those children had been born normal birth weight.[6]

Children ages 6 to 15 who weighed less than 2,500 grams at birth were almost 50% more likely than normal birth weight children to be enrolled in some type of special education program.[6]

Health Risks for Teens: Alcohol, Tobacco and Other Drug Use

How many teens use alcohol? The great majority (89%) of the 1,037 Nebraska youth in grades 9 to 12 who were surveyed by the 1995 Nebraska Youth Risk Behavior Survey commissioned by the Nebraska Department of Health and CDC report having used alcohol. How heavy is alcohol use in each grade? It increases with grade level: 47% of ninth graders, 49% of tenth graders, 62% of eleventh graders and 66% of twelfth graders reported drinking within the last 30 days. Many report binge drinking – at least 5 drinks in a row. About 45% of male students and 37% of female students reported binge drinking at least once within the last 30 days. Unfortunately this year many schools didn't participate due to parents' unwillingness to give consent.

How many teens smoke? About 70% of the students surveyed report having smoked in their lifetimes. Regular smoking habits were highest among eleventh graders, with 39% reporting smoking at least one cigarette every day for 30 days.

What about chewing tobacco? About 31% of males and 3% of females reported using chewing tobacco or snuff during the last 30 days.

Other drug use among Nebraska youth in grades 9 to 12 was reported as follows: during their lifetimes, about 24% reported using marijuana, 17% reported using inhalants, 10% used other drugs including LSD, PCP, ecstasy, mushrooms, speed, ice, heroin or pills without a doctor's prescription, 4% used cocaine (including crack, powder and free-base) and 3% used steroids.

Younger students use drugs, too. Among 1,356 randomly selected seventh and eighth graders, 70% had consumed alcohol, 53% had smoked, 13% had used marijuana, 22% had used inhalants, and 33% of males had tried chewing tobacco or snuff during their lifetimes.

Health Risks for Teens: Seat Belts, Riding with a Drinking Driver, Carrying Weapons, Fighting

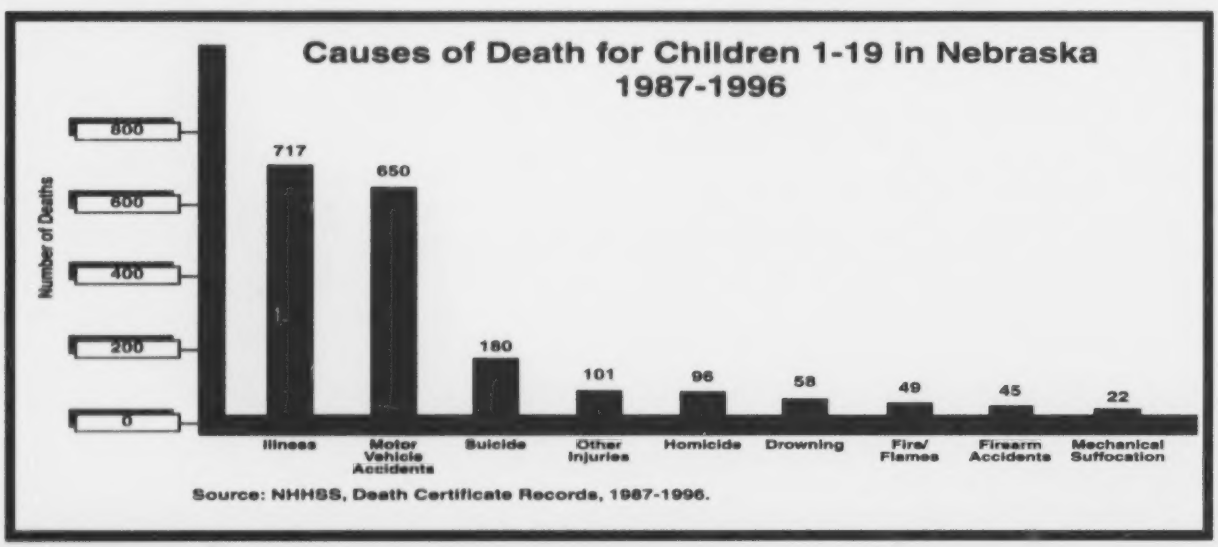
Of the ninth to twelfth grade students surveyed in the Youth Risk Behavior Survey study, 33% of Nebraska students rarely or never wore a safety belt when riding in a car. About 49% had ridden in a car with someone who had been drinking. During the past 30 days, 33% of male students and 5% of female students had carried a weapon. During the past 12 months, 44% of the males and 22% of the females had been in a physical fight.

Teens: Suicide

In 1996, 21 Nebraska teens committed suicide. In the ten years prior, 167 Nebraska teens committed suicide. How widespread are thoughts of suicide in the Nebraska teen population? According to the 1995 Youth Risk Behavior Survey, of the ninth to twelfth grade students responding to questions about suicide, 29% of female students and 16% of male students had seriously considered attempting suicide during the past 12 months. Further, 20% of female students and 12% of male students had made a plan about how they would attempt suicide. Finally, 11% of female students and 6% of male students reported actually having attempted suicide one or more times during the past 12 months. Percentages among seventh and eighth graders were very similar, with 11% of females and 7% of males reporting having attempted suicide one or more times during the past 12 months.

Mental Health and Substance Abuse Treatment

Community-based and residential programs funded through the Nebraska Health and Human Service System (NHHSS) provide some Nebraska children and adolescents with mental health and substance abuse specialized services. Those are typically children from lower income families or children involved in the court system. Because these programs do not include private sector information, the data we report



How Many Children Received Mental Health and Substance Abuse Services Through Community-Based Organizations?
(Year Ending June 30, 1996)

Mental Health Only	7,445	70.8%
Substance Abuse Only	2,496	23.8%
Both Mental Health and Substance Abuse	570	5.4%
Total Children Served	10,511	100.0%

Source: NHHSS.

"If we don't attend to the teens and the teen pregnancy issue we will never stop the cycle."

– Deila Steiner, Director of the Federal Program, Lincoln Public Schools

do not include the total number of children receiving such services in Nebraska.

Community-Based Organizations

There were 10,511 children who received mental health and substance abuse services through community-based organizations during the year ending June 30, 1996. Of these children, 7,445 (70.8%) received mental health services only, 2,496 (23.8%) received substance abuse services only and 570 (5.4%) received both mental health and substance abuse services. Approximately 25% of children using community-based programs received behavioral health services outside their county of legal residence.

Most of the children served participate in out-patient programs with counseling for mental health and/or substance abuse. Other publicly funded services available through community-based organizations include substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric services and therapeutic group home services.

Of the children receiving mental health services, 18% were treated for serious emotional disturbances. Among the children receiving substance abuse treatment services 49% were treated for alcohol-related problems only, 14% for drug-related problems only and 37% for both alcohol and drug-related problems. A total of 610 children received prevention counseling services or services as a part of a family unit where a parent or sibling has a substance abuse problem.

Residential Care

The Nebraska Health and Human Service System also funds residential services through the Lincoln Regional Center. The regional center provided behavioral health services to 223 adolescents between 12 and 17 years of age during the year ending June 30, 1996.

Residential care is also provided for children with developmental disabilities. The Beatrice State Developmental Center provided residential services for 116 children in 1996.

POLICY

The Budget Reconciliation Act of 1997 provided $47 billion over ten years to states to develop State Children's Health Insurance Programs (SCHIP). Congress is requiring that these programs target uninsured children living below 200% of poverty. This policy could result in the increased access to health care for up to 30,000 of Nebraska's uninsured children. In 1998, the Nebraska Unicameral will need to make several important policy decisions:

- **Will Nebraska fund the required match of nearly $5 million to draw down the federal contribution?**
- **Will Nebraska expand Medicaid, create a separate children's heath insurance program, or do a combination of both?**
- **At what poverty level will Nebraska set the eligibility requirement for children?**

Child Abuse and Neglect/Domestic Violence

Substantiations That 3,612 Children Suffered Child Abuse and Neglect

In 1996, a total of 3,612 Nebraska children were involved in substantiated cases of child abuse and/or neglect. Despite children's need for safe families, in 80.7% of cases the perpetrator was the child's parent or a guardian living with the child.

8,346 Investigations of Child Abuse and Neglect

In 1996, there were 8,346 cases of child abuse and neglect investigated by the Nebraska Health and Human Service System (NHHSS). Of these, 2,135 cases were substantiated. Each case represents a household and may involve more than one child. Since 1987, the total number of child abuse investigations has increased slightly; however, the number of cases substantiated is only half of what it was then. No conclusions can be drawn from this decrease due to questions about Child Protective Services (CPS) work loads, the creation of "voluntary" caseloads, and the more stringent interpretation on the levels of proof required for substantiation.

Neglect is Most Common

Cases substantiated may be classified as neglect, physical abuse and/or sexual abuse. A child may experience more than one of these classifications. For example, if a child experiences both physical and sexual abuse, two types are counted. The table shows how many instances were substantiated, by type. As shown, neglect was the most common in 1996, accounting for 63.5% (2,293) of the cases. Physical abuse was next at 25.9% (937). Sexual abuse accounted for 12.2% (441) of substantiated cases. Of these, 159 were instances in which children were victims of incest.

Where Do Abused Children Go?

The majority of children (58.9%) involved in substantiated cases of child abuse and/or neglect remained at home with their parents at the conclusion of the investigation. Such families receive intensive counseling and supervision. About one-fourth of the children in substantiated cases were removed from the home by court-order and 4.3% were placed outside the home voluntarily by the parents. An additional 6.5% were removed from the home, but then reunited with their families. At year's end 6.0% of the children's cases were pending.

One elementary school principal tried to work with Child Protective Services to help a child who was missing school due to head lice and the continued problem of nits in her hair. After several weeks of missed school, and the parent not bringing the child back into the school for a head check, the principal called CPS and asked for their cooperation in working with this family. The response was that this was a "health-related issue," and not an area in which CPS involves themselves. In total, this grade-schooler missed 18 days of school due to this "health problem." The principal hopes for a time when school and CPS can cooperatively address the needs of students, in order to prevent similar situations and most importantly, in order to protect children that are living in unhealthy and dangerous conditions.

– An elementary school principal in rural Nebraska

What Type of Child Abuse and/or Neglect Did Nebraska's Children Experience in 1996?
(Substantiated Cases)

Type	Instances	% Of Involved Children
Neglect	2,293	63.5%
Physical Abuse	937	25.9%
Sexual Abuse	441	12.2%

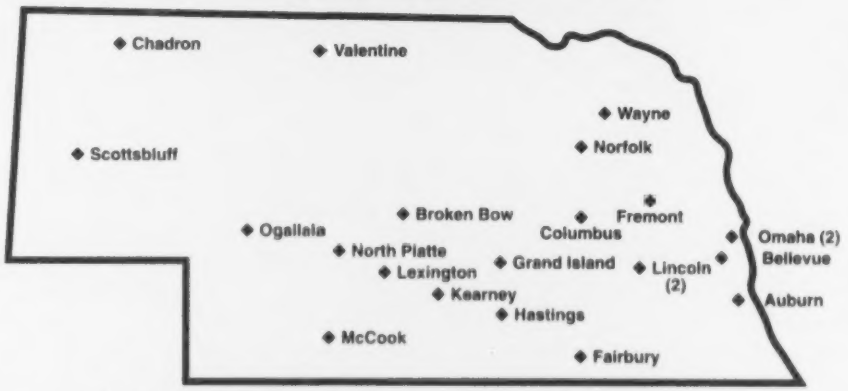
Source: Nebraska Department of Social Services
Note: There were 3,612 children involved in substantiated cases of abuse or neglect. Each involved child may have experienced more than one type of abuse.

Impact

In the early 1990s, the U.S. Advisory Board on Child Abuse and Neglect estimated that billions of dollars were being spent in health, corrections, education, and other services necessitated by the nation's failure to prevent and treat child abuse and neglect adequately.[8]

Although Home Visitation studies have not revealed an overwhelming impact on reductions of child maltreatment among families who received home visits, children in these families have shown a significant reduction in hospitalizations for serious injury, better use of preventive health services, and fewer hospitalizations.[9]

Nebraska's Network of Domestic Violence Shelters/Programs 1996

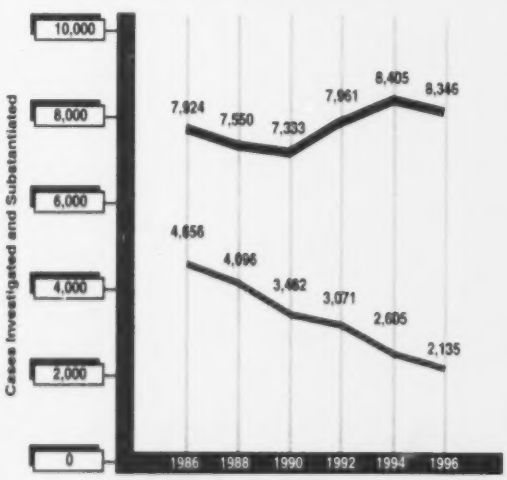


Source: Nebraska Domestic Violence Sexual Assault Coalition, 1996 Report to the Community.

Child Abuse Hospitalizations

During 1996, there were 81 hospitalizations or emergency room treatments in which the external cause was related to child abuse, according to hospital discharge data from the Nebraska Association of Hospitals and Health Systems, provided by NHHSS. One child death was attributed to child abuse.

Investigated and Substantiated Cases of Child Abuse And/Or Neglect, 1988-1996



Source: NHHSS.
Note: There may be more than one child involved in each investigated/substantiated case.

Not All Reports of Child Abuse are Investigated

It is important to note that these statistics involve investigated reports of child abuse and neglect. Available statistics do not track the total number of calls reporting suspected abuse and neglect or seeking assistance and information. Thousands of calls are "screened out" but only investigated cases are counted.

Domestic Violence Shelters

In 1996, Nebraska's network of 22 domestic violence/sexual assault programs provided crisis intervention services to 2,890 children and adolescents. Of these, 75.9% (2,194) came to a shelter with their mothers to escape domestic violence. Collectively, the domestic violence/sexual assault programs across the state provided 28,214 beds to these children during the year ending in June 1996. Based on reports from women seeking services and in regard to the 5,242 children in their homes, 86% of the children were reported as witnessing violence and 13% as physically harmed; it was suspected that 3% were sexually abused.

POLICY

In 1991, the U.S. Advisory Board on Child Abuse and Neglect recommended a new federal initiative aimed at preventing child maltreatment: to begin immediately to phase in a universal voluntary neonatal home visiting system. The U.S. Department of Health and Human Services responded to the recommendation with no new directives and Congress reauthorized Child Abuse Prevention and Treatment Act (CAPTA) without authorization for home visiting pilots.

Out Of Home Care

Tammy, age 16, has found success in the Job Corps program after living in foster care for several years.

How Many Nebraska Children Lived In Out-of-Home Care During 1996?

The annual total of Nebraska children served in out-of-home care has increased from 6,721 during 1987 to 10,053 during 1996, according to data from the Nebraska Foster Care Review Board (FCRB). Children may leave or be removed from their homes and families for a variety of reasons and for different periods of time. Out-of-home care is intended to improve the child's well-being for the short term while the family resolves its difficulties or until a long-term alternative is found. The FCRB maintains a tracking system of all children 0-18 in Nebraska who are in out-of-home care three days or longer. Trained citizen boards reviewed 2,732 of these cases in 1996.

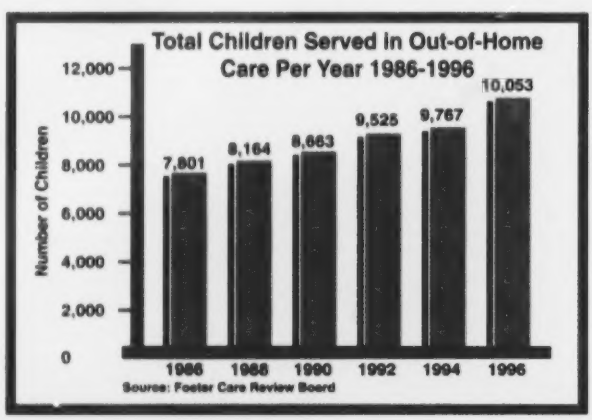
In 1996 a variety of agencies cared for children in out-of-home care. There were 4,563 children in care on Jan. 1, 1996 with an additional 5,490 leaving their homes and entering care during the calendar year. Of those 5,490 who entered out-of-home care in 1996 about 42% (2,308 children) were re-entering – being removed from their homes for the second or greater time. The majority were placed in foster care homes, but some also were placed in group homes, institutions, private placement and correctional facilities. The FCRB data for children in out-of-home care in 1996 show that they had spent an average of 2.2 years in care. At year's end, there were 4,382 children in out-of-home care in Nebraska and of these, 3,318 were wards of the state.

Adoption Services

At year's end, 269 of the children in care during the year had been adopted into new families. According to the Nebraska Health and Human Service System (NHHSS), when it is not possible to return or maintain children with their biological families, adoption is the preferred goal. Although adoptive placements of a traditional nature are usually made by private adoption agencies licensed by NHHSS, a subsidy is made available for wards of the state to remove barriers to adoption for children with special needs: children who may be older, may need to be placed with one or more siblings, may be of a minority race, or may have special behavioral, emotional, or physical needs. In state fiscal year 1995-1996, $4.6 million was spent on subsidized adoption programs for children with special needs. The monthly average number of children receiving assistance through these programs in 1996 was 991.

What Agencies Provided Living Arrangements For Out-of-Home Care Children?

According to data from the FCRB, on December 31, 1996, of the 4,382 children in care, 75.8% were in care under the supervision of NHHSS and most of these children were cared for in foster care homes. About 9.8% were in care under the supervision of the Office of Juvenile Services, NHHSS, in the Geneva or Kearney Youth Rehabilitation and Training Centers or on juvenile parole and another 3.8% were under the supervision of the courts, the probation department or local correctional facilities. Some 5.5% of children in care at year's end were under the supervision of private agencies other than adoption agencies and 4.1% were children awaiting adoption completion with private adoption agencies. Approximately 1% were under the supervision of the Lincoln Regional Center. The Geneva, Kearney and Lincoln Centers are all under the jurisdiction of NHHSS.



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From Home to Home – Multiple Placements

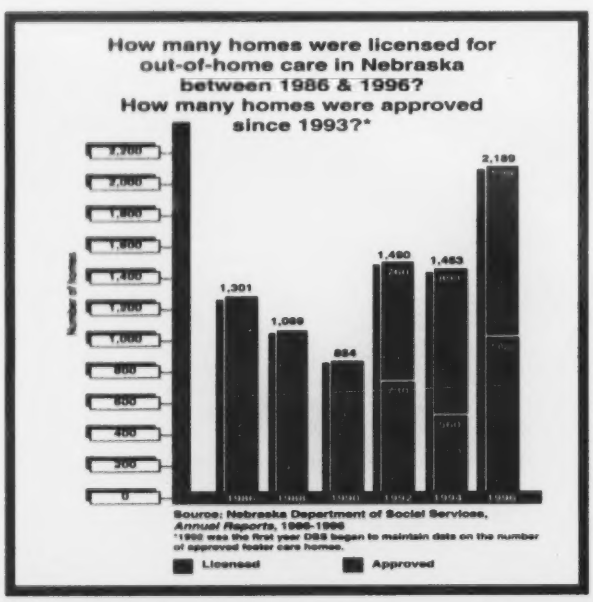
Many children in out-of-home care experience multiple placements or moves from one home to another. A move is counted when a child leaves the family of origin, changes foster homes or residential facilities or moves to/from an inpatient psychiatric facility. This is significant because it usually involves a change in caretaker, environment and/or school for the children. Multiple placements may further compound the effects of such changes. Of the 3,318 children under the care of the state at the end of 1996, 52.3% (1,736 children) had experienced four or more placements since first entering out-of-home care. Some 11.2% (372 children) under the care of the state had experienced more than ten different placements – with three children experiencing over 41 placements.

Race and Ethnicity of Children in Out-of-Home Care

The FCRB tracking system reports that on December 31, 1996, 60.3% of the 4,382 children in out-of-home care were White, 18.3% were Black, 5.7% were Native American, 4.7% were Hispanic, 1.3% were Asian and 9.7% were of other race or race unknown.

Lack of Foster Care Homes

A foster care home near families of origin facilitates reunion, but this is not always possible due to a lack of appropriate foster homes. Only 53.8% of children in out-of-home care in December 1996 were placed in their home county.


How many homes were licensed for out-of-home care in Nebraska between 1986 & 1996?
How many homes were approved since 1993?*
2,189
1,490
1,463
1,301
1,099
884
Source: Nebraska Department of Social Services, Annual Reports, 1986-1996
*1993 was the first year DSS began to maintain data on the number of approved foster care homes.
Licensed
Approved

Licensed/Approved Foster Care Homes

Placement with foster parents is less restrictive than other types of out-of-home placement and most children in out-of-home care are placed in foster homes. There are two types of foster care homes: licensed foster homes and approved foster homes. There was a total of 2,189 foster homes as of June 30, 1996. Of these, 47% (1,025) were licensed foster care homes. Licensure is not child-specific and foster parents in licensed homes must have references checked, as well as criminal record and child abuse registry checks. Foster parents in licensed homes are required to participate in a series of interviews and initial as well as ongoing training.

Approved foster care homes require only one home visit by NHHSS to meet all adults who live in the home, with a check of criminal records and the child abuse registry. No initial or ongoing foster parent training is required. Many foster parents in approved homes are relatives or had known the children prior to placement. Approved homes are restricted as to number of children and families served. They are to serve only one child or children from one family.

Over time, the number of licensed foster care homes has decreased slightly from 1,138 in 1987 to 1,025 in 1996. The number of approved homes has increased from 890 in 1993, when NHHSS began to maintain these data, to 1,164 approved homes in 1996.

"Domestic Violence is very unique, going so far beyond certain issues. When you're hearing so many people move to [family reunification] it sends chills up our spine because family reunification is not always what's best for the family."

– Susan Haecker, Director of Family Violence Coalition in Grand Island.

POLICY

"Children are not and should not be suspended in foster care, to be made to await certain parental maturity." In re MM, CM and DM, 452 NW 2d 753 (Neb.1990).

Education

High School Graduates

In 1996, 19,856 Nebraska youths received a high school diploma. An additional 534 Nebraska youth received a GED or other certificate of high school completion, bringing the total number of high school students who completed high school to 20,390. An estimated 82.5% of the youth who started 9th grade four years earlier completed their high school work in 1996. (This percentage is based on the total number of students completing as a proportion of the total number of students starting 9th grade four years earlier. It is a net percentage only and is also affected by in and out-migration and/or deaths within the student cohort.)

School Dropouts

Each year thousands of Nebraska youth drop out of school – 4,391 dropped out during the 1995-1996 school year. This number is up 192 students from the number we reported last year and was 3% of all youth enrolled in 7th to 12 grades. Males (2,508) were more likely to drop out than females (1,883).

Among seventh to twelfth graders, of the 4,391 students who dropped out, 65.2% of the total were White, 19.9% were Black, 9.7% were Hispanic, 3.6% were Native American and 1.5% were Asian.

Expelled Students

In 1995-1996, there were 443 students expelled from schools in Nebraska, an increase of 160 students from the prior year. Since 1986-1987, expulsions in Nebraska have increased from 89 to 443.

POLICY

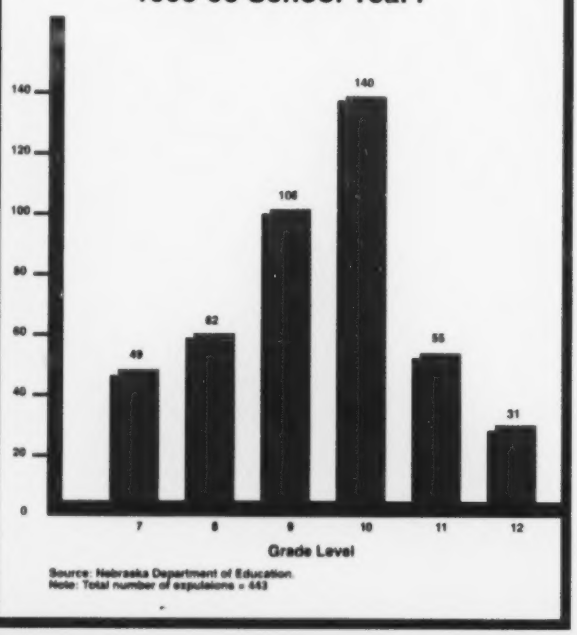
As of July 1, 1997 each school district in Nebraska was required to have an alternative school, class, or educational program in place for children who were expelled from school. In June 1997, LB 232 was passed, which allows a fourth choice for school districts. Under this new section, schools, prior to expulsion, may develop a written plan with the student and his parents outlining behavior and education expectations in order to retain the child in school.

The most dramatic increase actually occurred between 1986-87 and 1987-88, from 89 expulsions to 261 expulsions. The numbers remained fairly consistent for the next seven years with another dramatic increase from 281 in 1994-95 to 443 in 1995-96. The second increase coincides with the passage of the Student Discipline Act setting guidelines which mandates expulsion for carrying a weapon to school, injuring other students or school representatives by force, as well as for carrying a weapon in school, or at a school-sponsored activity.

"We kind of see ourselves as the end of the line. And if you're at the end of the line and start kicking kids out, where do they go then?"

– Dan Weidner, Director of Alpha School in Omaha, which works to move children with behavioral disorders back into a public school setting. They follow a policy of unconditional care, and rarely remove a child from their program.

How many Nebraska Children Were Expelled During the 1995-96 School Year?



Source: Nebraska Department of Education.
Note: Total number of expulsions = 443

Byron and his teacher, Mrs. Thornston, at Alpha School.

Statewide Expulsions 1985-1996

1986-87	89
1987-88	261
1988-89	280
1989-90	237
1990-91	235
1991-92	284
1992-93	273
1993-94	209
1994-95	283
1995-96	443

Source:
Nebraska Department of Education.

Special Education

About 12.2% of all students enrolled in public and private schools in Nebraska in September 1996 received special education services. These 40,570 Special Education students were all children with a verified disability. Only 9% (3,725) spent all their school time in a special education class. Most special education students work in a regular classroom most of the day, with short periods of specialized instruction according to the nature of their disability.

Disabilities diagnosed early can be treated to improve the development of the child with the disability. On December 1, 1996, there were 2,554 Nebraska children from birth to age five verified with a disability receiving special education services. This is a 4.7 % increase in young children served since December 1, 1993.

About 92% of all children receiving special education services do so through the public schools. Most school-age children – 88.9% – with a verified disability receive services in their own school district. However, 11.1% must travel to another district or a state agency/service unit in order to receive special education services.

Special Education Students Served by Type of Disability - 1996

Specific Learning Disability	15,569
Speech-Language Impairment	11,518
Mild Mental Handicap	4,897
Behavioral Disorder	2,898
Other Health Impairments	2,033
Moderate Mental Handicap	935
Orthopedic Impairments	717
Hearing Disabilities	668
Multiple Impairments	471
Visual Disabilities	264
Severe/Profound Mental Handicap	237
Traumatic Brain Injury	183
Autistic	177
Deaf or Blind	3
Total	40,570

Of the 40,570 children, 9% spend all their school time in a special education class.
Source: Nebraska Department of Education

Impact

Many risk factors have been identified for delinquency or violent behavior. School -related risk factors include: Early and persistent antisocial behavior, academic failure in elementary school, and lack of commitment to school.•

In 1992, the unemployment rate among those dropping out of school was 11%, compared with 7% for those who graduated from high school but did not attend college. The median income among dropouts who were employed full time was only half that of high school graduates.•

Economic Well Being

Given that child poverty is often related to poor outcomes for children, how many children in Nebraska live in poverty? Estimates of children in poverty in Nebraska are made annually based on the Current Population Survey conducted each March by the U.S. Bureau of the Census. Since the number of families surveyed is small, we have combined surveys and averaged them over three recent years. The percent of Nebraska children estimated to be in poverty by averaging the 1993 through 1995 CPS reports is 12.7%, an estimate not too different from the 13.8% estimate in 1990 based on the U.S. Census of Population and Housing which counted thousands more families.

1996 Poverty Guidelines
at 100% of Poverty

FAMILY SIZE	GROSS ANNUAL INCOME
2	$10,360
3	$12,980
4	$15,600
5	$18,220
6	$20,840

Source: Federal Register, Vol. 61, No. 43, March 4, 1996, p. 8286-8288.

However, Nebraska's population is growing and while the proportion of children in poverty seems to be decreasing slightly, the numbers of children in poverty may be greater than in 1990. Another major indicator of trends in child poverty in the state suggests that the number of children elibile for low income and poverty benefits is increasing. In 1996, a daily average of 74,384 of Nebraska's low income children received free or reduced price school lunch, compared to only 58,696 children in 1990. This could be due to increased school participation, awareness, or number of children found eligible.

These indicators suggest that many families in Nebraska continue to have trouble making ends meet, despite the fact that unemployment levels are at historically low levels and that an estimated 77% of Nebraska mothers work outside the home. Earnings from work are the primary source of income for all families with children who live in poverty in Nebraska. Working families receiving child-care subsidies available to low income families have increased from 7,946 in 1992 to 10,443 in 1996.

Earned Income Tax Credit

The federal Earned Income Tax Credit helps low and moderate income working families keep more of their earned income. In Nebraska, 102,960 working families received the federal EITC in 1996. In Nebraska, legislative proposals to establish an earned income credit for the state income tax failed in 1996.

Single-Parent Families

Children living in single-parent families are more likely to live below the federal poverty line than children in two-parent families. Of Nebraska single-parent families headed by a mother, 39.5% lived in poverty in 1989 – the last year for which we have reliable data, from the U.S. Census of Population. Of single-parent families headed by a father, 16.8% lived in poverty. Of families with two parents, 6.1% lived in poverty.

Of all Nebraska families with children, 10,638 two-parent families with children lived in poverty; 13,292 female headed families with children lived in poverty; and 1,271 male headed families with children lived in poverty. Major reasons for greater poverty among single-parent families include the fact that there is only one wage earner and the frequent absence of adequate child support.

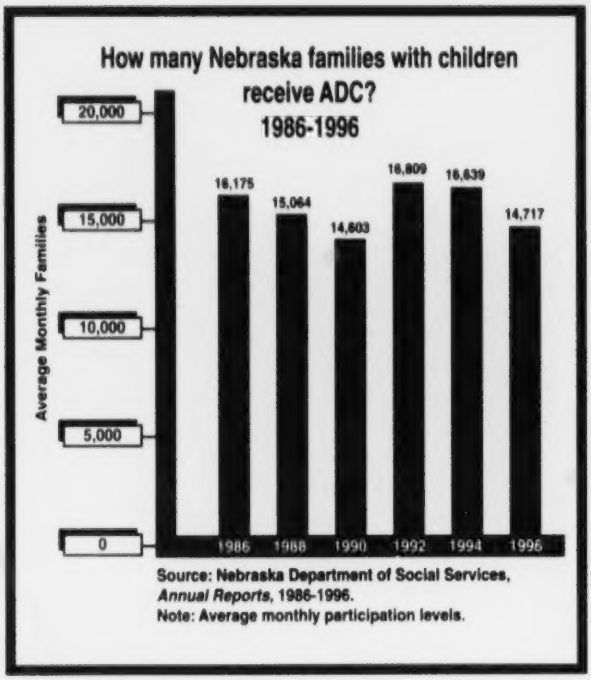
Divorce and Child Support

There were 6,866 children involved in divorces in Nebraska in 1996. About 86% of the 3,571 divorces which involved children resulted in an order by the court for child support to be paid by the parent who does not live with the children. Not all support orders are honored and thus Nebraska established a system in 1984 to enforce child support orders.

Any parent who is owed child support in Nebraska can request child support assistance from NHHSS. The parents of 105,966 children received services from Nebraska's NHHSS child support system in 1996. A total of $99 million was collected in child support payments. Of this amount, $14 million was collected on behalf of ADC children. For children who were not receiving ADC benefits, but whose parents also were owed child support, $85 million was collected by NHHSS.

"Having tried and mediated divorce cases, I've been through entire trials without the child's name being mentioned, but in mediation . . . you're actually dealing with the kid, and he becomes the focus."

– Wesley Dodge, an attorney who is also trained in mediation for divorce cases.



The average monthly number of Nebraska families receiving ADC benefits in state fiscal year 1996 was 14,717. Of families receiving ADC, on average 80.1% also received food stamps. A Nebraska family of three receiving the maximum ADC benefit of $364 monthly and the maximum food stamp benefit of $313 monthly lived at only 62.3% of the federal poverty line in 1996.

Amber and her daughter Korrie.

Aid to Families with Dependent Children (ADC)

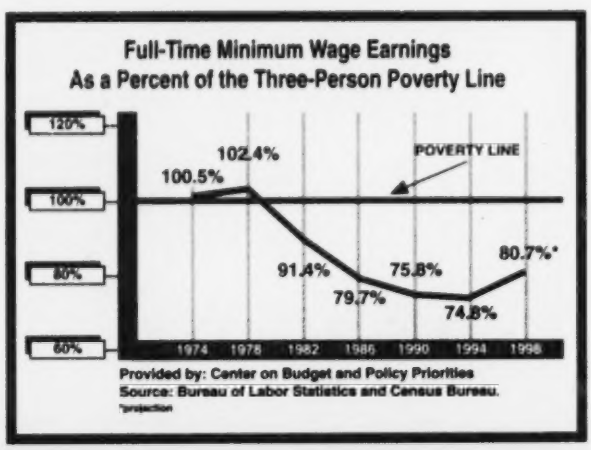
ADC, which in 1997 was renamed Temporary Assistance for Needy Families, (TANF), provides cash assistance to families with children whose gross incomes are at or below 65% of poverty and with countable income at or below 35% of poverty. If a family of three has no countable income, the family can receive a maximum benefit of $364 monthly. This standard has been in effect since July 1988. By July 1996, that $364 was worth only $275 real value due to inflation. Had the annual inflation rate been applied, the July 1996 benefit would have been $482.

Amber's Story

Amber is a 22 year old mother of 3-year-old Korrie. She went to college to become an elementary school teacher, and half-way into her first year she was made part of the welfare reform pilot project in Lancaster County. She signed a self-suffiency contract which limits her time to receive cash assistance to 24 months. She will have nearly three years of her degree completed when she will lose her cash assistance and may be forced to choose a low-wage job over completing school. Amber says, "Now that I'm finally here, they've put a big road block up in front of me."

POLICY

The Nebraska Unicameral has passed three bills since 1994 which have fashioned the welfare reform policy for Nebraska. Employment First is the culmination of this broad-based policy debate, with key components including self-sufficiency contracts, time limits on cash assistance and extended child care and medical assistance when returning to the labor force. Employment First has been piloted for two years in five counties, and in October 1997 the statewide roll out began. It is not expected to be fully implemented statewide until mid-1998. In June 1997, the Nebraska Unicameral approved the use of General Funds for cash, disability, food, and medical assistance for legal immigrants who previously lost benefits due to federal welfare reform in 1996.



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Nutrition

Belinda and her sons, Taylor and DeVaughn

Food Stamps

Food Stamps are United States Department of Agriculture (USDA) coupons which may be redeemed in retail food stores. They are available through NHHSS to families living at or below 130% of poverty, to help maintain an adequate low-cost diet. The monthly average number of households receiving Food Stamps in State fiscal year 1996 was 42,542. Of these households, 11,783 (27.7%), received ADC. Over half of all Food Stamp recipients in Nebraska are children.

USDA Food Programs for Children: National School Lunch

The National School Lunch program is established at the local school district level. In 1996, only 467 (52.7%) of Nebraska's school districts participated. Since these districts tend to be very large, the majority – approximately 287,624 (86.2%) of Nebraska children had access to school lunch programs. However, that left 46,137 children of the 333,761 children in Nebraska's public and private schools without access to school lunch. USDA provides some financial support for all lunches served, regardless of family income level, but also provides free and reduced price lunches to needy children.

In school districts with lunch programs, USDA provides children from families with incomes at or below 130% of poverty with free lunch at school, and children from families with incomes between 130% and 185% of poverty with reduced price meals.

In October 1996, 201,237 Nebraska children participated daily in the school lunch program. Of these, 74,384 children on average received a free or reduced price school lunch each day.

USDA Food Programs for Children: National School Breakfast

Not as many Nebraska school districts offered school breakfast programs. Only 138 (15.6%) school districts offered breakfast programs in 1996. In October 1996, an average of 22,999 Nebraska children participated daily in the school breakfast program. Of these, 18,394 children received a free or reduced price school breakfast each day, a contrast with the 74,384 receiving free or reduced price school lunch. The majority of eligible needy children who did not receive school breakfast attended schools with no school breakfast program.

USDA Food Programs for Children: National Summer Food Service Program

The USDA Summer Food Service Program is a federally funded summer nutrition program for children of needy families, designed to help maintain nutrition levels during the summer so children can return to school ready to learn. The program has yet to be implemented in many Nebraska counties – in 1996 only 16% of counties had a summer food site. On average 11,230 children participated in this program at 37 sites last year. Summer food programs can be offered through schools, parks, churches, colleges and other community organizations, as food programs only or in conjunction with other youth activities.

Impact

Benefit programs have proven to mitigate the effects of poverty on children. Poor children who participate in the Food Stamp Program are more likely than nonparticipating poor children to consume more than 70% of the Recommended Daily Allowance (RDA). Children who use the WIC program have been found to have an increased intake in key nutrients, they were more likely to receive any immunizations, and significantly more likely to have a regular source of health care than non-WIC children.[18]

Erratum: Page 20, Summer Food Service Program – On average 11,230 children participated in this program at 87 sites last year.

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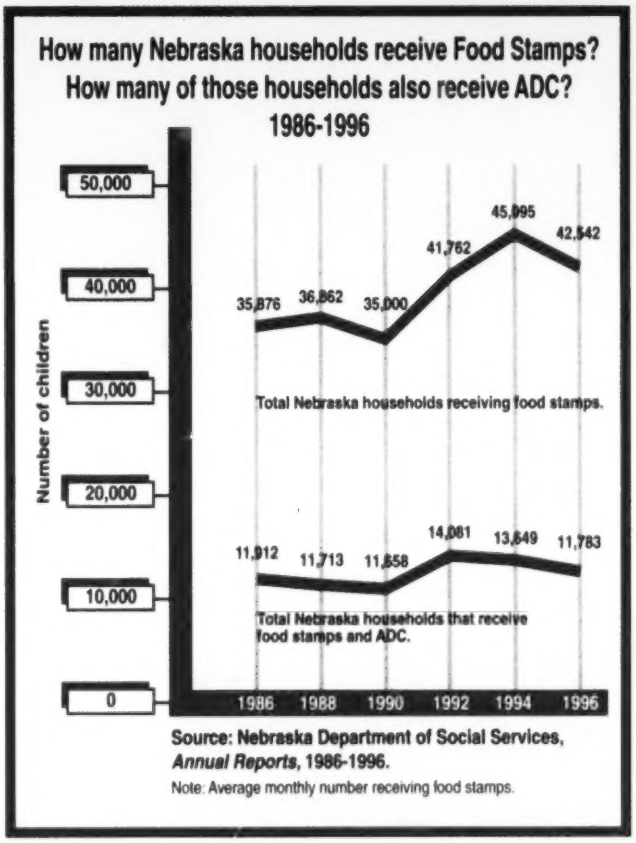
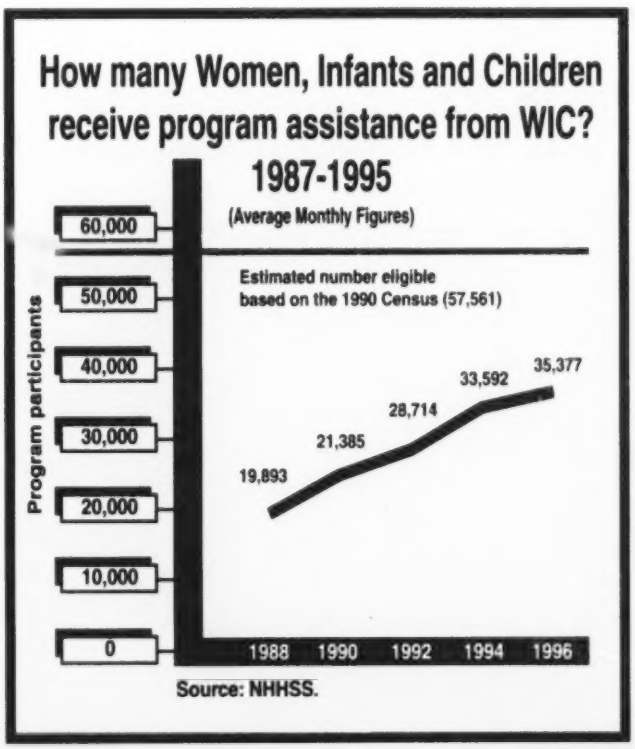




USDA Food Programs for Children: Child and Adult Care Food

Average daily lunch participation in child care food programs for children in child care centers and day care homes was 28,300 in 1995-1996. Cuts to the program, as a result of the Personal Responsibility and Work Opportunity Act of 1996, mean that providers will receive a lower rate of reimbursement for middle income children in day care homes and that fourth meals for children who must spend more than eight hours daily in care will no longer be reimbursed.

USDA Special Commodity Distribution Program

USDA purchases certain surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, pantries and soup kitchens. An average 11,868 households were served each quarter in State Fiscal Year 1995-1996. An estimated average 120,961 meals were served in soup kitchens each quarter, also.

USDA Commodity Supplemental Foods Program

The Commodity Supplemental Food Program (CSFP) serves low-income pregnant, breast-feeding and postpartum women; infants; children to age six; and seniors, providing surplus commodities such as non-fat dry milk, cheese, fruits, pasta, rice, dry beans, peanut butter, infant formula and cereal. In 1996, a monthly average of 1,900 women, infants and children and 11,400 seniors were served. CSFP has 20 warehouse sites, serving all 93 Nebraska counties.

WIC

The Special Supplemental Nutrition Program for Women Infants and Children (WIC) serves pregnant women and children under 5 at nutritional risk. These women and children in families with incomes at or below 185% of poverty are eligible for nutrition supplemental foods (cheese, milk, juice, cereal) and nutritional counseling. WIC is effective in fulfilling its purpose to prevent poor birth outcomes (such as low birth weights) and improve children's health.

The United States Department of Agriculture (USDA) estimates that in Nebraska there were 57,561 women, infants and children income eligible for this assistance in 1996. The 1996 monthly average WIC participation was 35,377 women, infants and children (61.5% of those eligible). There are 19 counties in Nebraska which have no WIC clinic sites, although WIC clients may participate at clinics in neighboring counties.

Early Care and Education

High Quality Child Care and Early Childhood Education Programs

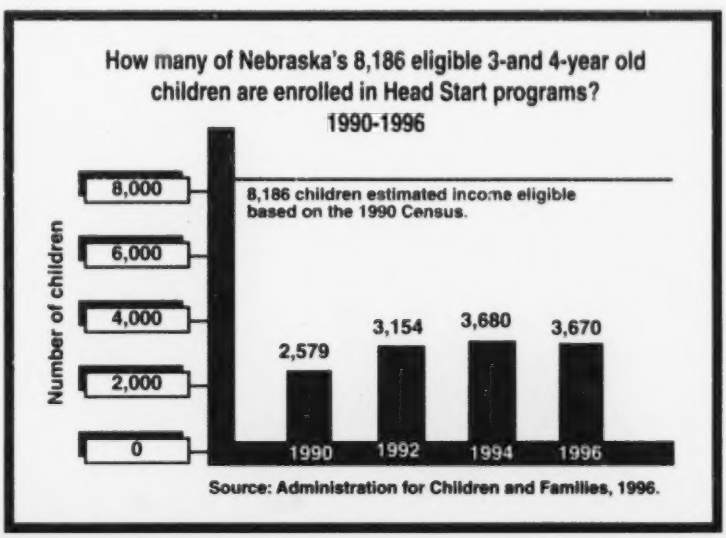
High quality early childhood care and education programs have a profound impact on children throughout their lives, influencing their development into productive and healthy adults. Just as important, quality programs make a difference in children's well-being in the present as well, to maintain and further their health, social and cognitive development. Early childhood is defined as the period of a child's life from birth through age eight. Early childhood programs include preschools, home- and center-based child care, Head Start, Early Intervention and Early Childhood Special Education (for children with disabilities) and kindergarten/primary education.

The Children's Defense Fund's national study on state spending for early childhood programs in 1992 showed Nebraska's spending among the lowest in the nation. Nebraska has since begun to implement programs which address the developmental/learning needs of young children, although the numbers of children involved are small. Only about two dozen Nebraska early childhood care and education programs of the 721 child care centers and 301 preschools licensed by the state in 1996 are accredited through national organizations.

Early Childhood Initiatives

- Early Childhood Projects stress optimum early experiences for young children and emphasize the central role of parents in early development, as well as the necessity of quality in programs for young children. Eight projects were funded in Nebraska in 1995-1996, serving approximately 300 families.
- Even Start Family Literacy Programs are intended to help break the cycle of poverty and illiteracy and improve the educational opportunity of low income families by integrating early childhood education, adult literacy/basic education and parenting education. Six programs are currently funded in Nebraska, serving approximately 200 families.
- Continuity Projects extend part-day programs to full day programs in 6 Nebraska communities.
- Early Intervention/Early Childhood Special Education Projects serve children 0-5 with a verified disability across the state (see the Education section).
- Nebraska Good Beginnings is an initiative of the Governor's Office. The initiative encourages and recognizes communities and early childhood programs which address the needs of families with young children through parenting education, optimum access to health services and high quality early childhood programs. To date, 32 communities and 60 programs in Nebraska have been recognized by Good Beginnings.
- Head Start is a comprehensive program for low income infants and children. Services include child development, parent involvement and education, and health and nutrition services. The federal government provides grants directly to local organizations to run Head Start programs in their communities. Children who participate in Head Start programs have been shown to do better in school and eventually in the workplace.

Not all eligible Nebraska children can participate in Head Start due to lack of funding. Estimates based on the 1990 U.S. Census indicate that 8,186 three and four-year-olds live in Nebraska families with incomes below the poverty level and are thus eligible for Head Start. In 1996, places for only 3,670 (44.8)% of the eligible three and four-year-olds were funded. There are 29 counties in Nebraska where there is no Head Start program, but even in counties which have programs there are often waiting lists.



Head Start also serves children in the prenatal through three age range in Early Head Start programs. In 1995-1996, of the 4,001 children enrolled, about 96.9% were enrolled in regular programs for three and four-year-olds. Programs for one and two-year-olds served 3.1% of the total. Native American Head Start programs served an additional 192 Nebraska children and Migrant Head Start served 114 children in Nebraska. About 11.6% of Head Start children have professionally diagnosed disabilities.

Since 1989, federal funding for Head Start has increased from 2,044 children in 1989 to 3,670 children in 1996. For the 1995-1996 school year Nebraska received $15 million for operational funding and $213,912 for training for its Head Start programs. A total of 230,091 hours was contributed by Head Start volunteers.

The Need for Child Care

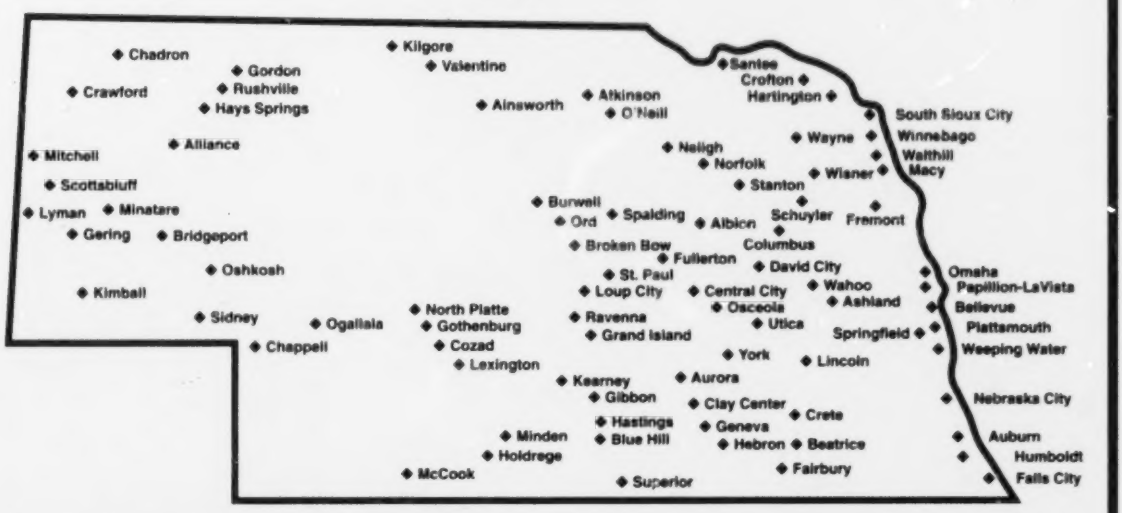
Nebraska has the highest percentage of families in which both parents, or the only parent, is in the labor force, according to the 1990 U.S. Census. Child care is an especially important issue for the 71% of all Nebraska children under 6 who live in families where both, or the only single parent, work.

Registered/Licensed Providers

Child care providers who care for four or more children must be licensed by NHHSS. Since 1989, the number of licensed providers has increased 59.5% from 3,182 to 5,074 (as of June, 1996).

Brothers Carl and Carroll take a break at "Lil" Indians Day Care in Macy.

Where are Nebraska Head Start Programs Offered? 1997



Source: Nebraska Department of Education.

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Child Care Subsidies

Child care subsidies on a sliding scale were available to families with incomes below 110% of the federal poverty line in 1996, to families receiving Aid to Dependent Children and to a smaller group of families receiving subsidies due to abuse or neglect. NHHSS provided child care subsidies for 21,856 children in 1996, with an average 10,443 children served per month. Since 1992, the average number of children served per month has increased by 31.4%. Child care subsidies are paid directly to providers in most cases. The average subsidy in 1996 was $208 per child monthly. In 1996, federal and state dollars provided a total of $26.6 million for child care subsidies, up from $15.2 million in 1992.

The cost of child care varies by geographical area according to the biennial Nebraska Child Care Market Survey, conducted by the NHHSS. Early in 1997, the rates at which NHHSS subsidizes child care for low income families were raised to conform to the 1995 market survey. The survey had shown that weekly costs for infants ranged from $67.50 to $106 weekly for infants, toddlers and preschoolers, from $53.50 to $70 weekly for part-day care for school age children and from $50 to $119 weekly for children with special needs, dependent upon the geographical area and the type of child care provider. The 1995 Nebraska Child Care Market Rate Survey estimates were reported at the 75th percentile of rates of those providers who responded and thus do not include estimates of the highest rates of child care providers in the state.

"The most rewarding part of the job is when these children see me in town and say, 'Grandma, Grandma,' it makes me feel very special."

– Julia Morris, Director of the "Lil' Indians Day Care Center" in Macy, Nebraska. This licensed center is run by the Omaha Tribe and utilized by tribal members and their families.

Tasheena, age 4.

POLICY

In June, 1997, LB 310 was passed in the Nebraska Unicameral. This new statute requires preservice orientation prior to the issuing of a provisional child care license and allows for the issuance of non-expiring licenses. Unannounced and annual inspections will now occur for programs with capacities of less than thirty children and at least twice a year for programs with capacities of more than thirty children.

Impact

Head Start has demonstrated benefits beyond cognitive and socioemotional development. In one study, Head Start children were much more likely to have received basic health services, enjoyed better access to health care services, experienced improved health status, eaten meals significantly higher in nutrient quality and exhibited better motor coordination and development.

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County Data Notes

1 TOTAL COUNTY POPULATION
Source: 1990 U.S. Census of Population and Housing, Summary Tape File 3A (STF3A).

2 CHILDREN 17 AND UNDER
Source: 1990 U.S. Census, STF3A.

3 CHILDREN UNDER 5
Source: 1990 U.S. Census, STF3A.

4 BIRTHS IN 1996
Source: Nebraska Health and Human Service System (NHHSS).

5 MINORITY CHILDREN *(Black, Hispanic, Asian, Native American and Children of Other Race)*
Source: 1990 U.S. Census, STF3A.

6 CHILDREN LIVING IN SINGLE PARENT FAMILIES *(Single Head of Household may be female or male)*
Source: 1990 U.S. Census, STF3A.

7 PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES
Source: 1990 U.S. Census, STF3A.

8 PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES
Source: 1990 U.S. Census, STF3A.

9 PERCENT OF CHILDREN LIVING IN POVERTY
Source: 1990 U.S. Census, STF3A.

10 PERCENT OF CHILDREN UNDER 5 IN POVERTY
Source: 1990 U.S. Census, STF3A.

11 PERCENT OF MINORITY CHILDREN IN POVERTY
Source: 1990 U.S. Census, STF3A.

12 PERCENT OF CHILDREN UNDER 6 WHOSE MOTHERS WORK
Source: 1990 U.S. Census, STF3A.

13 AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC
Source: NHHSS.

14 AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES
Source: NHHSS.

15 NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE FOR WIC SERVICES IN 1996
Source: United States Department of Agriculture.

16 NUMBER OF WOMEN, INFANTS AND CHILDREN ENROLLED IN WIC SERVICES
Source: NHHSS.

17 AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING FOOD STAMPS Fiscal Year 1996
Source: NHHSS.

18 AVERAGE DAILY NUMBER OF CHILDREN RECEIVING FREE OR SUBSIDIZED SCHOOL LUNCH
Source: Nebraska Department of Education.

19 NUMBER OF CHILDREN SERVED BY SUMMER FOOD PROGRAMS 1996
Source: Nebraska Department of Education.

20 BIRTHS TO TEENS 10 TO 17 YEARS FROM 1987 TO 1996
Source: NHHSS.

21 OUT OF WEDLOCK BIRTHS 1987 TO 1996
Source: NHHSS.

22 INFANT DEATHS 1987-1996
Source: NHHSS.

23 DEATHS TO CHILDREN 1 TO 19 1987 TO 1996
Source: NHHSS.

24 CHILDREN INVOLVED IN DIVORCES 1992 TO 1996
Source: NHHSS.

25 HIGH SCHOOL GRADUATES 1996
Source: Nebraska Department of Education.

26 SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS SCHOOL YEAR 1995-1996
Source: Nebraska Department of Education.

27 NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION SCHOOL YEAR 1995-96
Source: Nebraska Department of Education.

28 COST PER PUPIL *(Public Expenditures)* SCHOOL YEAR 1995-1996
Source: Nebraska Department of Education.

29 HEAD START ENROLLMENT 1996
Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30 FOSTER CARE CHILDREN BY COUNTY OF COURT COMMITMENT 1996
Source: Nebraska Foster Care Review Board.

31 CHILDREN PLACED IN FOSTER HOMES IN THEIR OWN COUNTY 1996
Source: Nebraska Foster Care Review Board.

32 JUVENILE ARRESTS 1996
Preliminary 1996 statewide numbers.
Source: Nebraska Crime Commission and Omaha Police Department.

Katie, age 1, sleeps peacefully at "Lil" Indians Day Care in Macy.

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COUNTY	1 TOTAL POPULATION	2 CHILDREN AGE 0-17	3 CHILDREN UNDER 5	4 1996 BIRTHS	5 MINORITY CHILDREN	6 CHILDREN SINGLE PARENTS	7 % POOR w/ SINGLE PAR.	8 % POOR w/ TWO PARENTS	9 % CHILDREN IN POVERTY	10 % UNDER 5 IN POVERTY	11 % MIN CHIL IN POVERTY	12 % UNDER 6 WORKING MOM	13 FAMILIES ON ADC	14 MEDICAID CHILDREN	15 WIC ELIGIBLE 1996	16 1996 WIC ENROLLED
ADAMS	29625	7393	2118	408	120	1162	59	41	13	15	19	77	265	2366	1011	809
ANTELOPE	7965	2452	656	96	31	234	21	79	23	29	87	58	41	521	503	151
ARTHUR	462	114	36	4	2	0	0	100	19	28	0	33	1	6	33	24
BANNER	852	251	66	13	8	11	18	82	29	36	0	64	9	94	50	9
BLAINE	675	183	41	5	0	0	0	100	39	51	.	63	3	21	32	19
BOONE	6667	1943	534	87	16	107	15	85	16	20	63	70	32	354	393	177
BOX BUTTE	13130	4172	1098	174	413	713	58	42	14	18	46	60	120	1137	523	392
BOYD	2835	765	175	36	7	50	11	89	29	32	71	52	14	126	145	70
BROWN	3657	993	256	37	10	127	21	79	23	33	0	65	9	234	197	117
BUFFALO	37447	9641	2707	554	464	1226	50	50	12	14	25	78	291	2585	1124	876
BURT	7868	2096	518	78	80	234	33	67	21	23	56	66	44	466	378	137
BUTLER	8601	2391	605	114	40	258	39	61	11	15	13	70	29	437	282	93
CASS	21318	6128	1687	312	161	729	35	65	8	13	18	69	197	1551	941	303
CEDAR	10131	3146	844	108	6	134	13	87	14	11	0	73	23	307	445	195
CHASE	4381	1259	329	43	52	163	28	72	14	19	70	53	19	254	248	84
CHERRY	6307	1807	515	85	174	188	20	80	34	47	69	61	34	549	466	254
CHEYENNE	9494	2621	719	1196	166	485	54	46	13	21	43	81	52	782	390	142
CLAY	7123	1943	473	96	54	200	40	60	13	13	59	69	48	588	266	94
COLFAX	9139	2542	722	149	112	211	18	82	11	15	7	68	39	412	337	299
CUMING	10117	2844	728	119	34	241	19	81	11	10	0	74	49	591	398	233
CUSTER	12270	3308	841	145	95	338	31	69	17	21	61	73	75	953	456	310
DAKOTA	16742	5046	1414	357	723	859	55	45	15	19	28	73	167	1777	733	745
DAWES	9021	2311	577	109	194	399	57	43	22	36	77	71	112	847	408	287
DAWSON	19940	5546	1385	414	350	670	48	52	13	20	13	70	191	2687	931	1162
DEUEL	2237	602	137	15	73	78	42	58	17	31	62	59	7	77	131	20
DIXON	6143	1727	458	77	14	155	23	77	16	18	29	79	21	316	282	86
DODGE	34500	8992	2376	433	231	1189	51	49	10	14	35	75	221	2184	1202	965
DOUGLAS	416444	112059	33192	7014	23129	25497	78	22	15	20	41	71	6520	35418	14788	10841
DUNDY	2582	658	130	20	10	63	34	66	10	5	10	75	9	85	55	65
FILLMORE	7103	1877	487	67	15	141	23	77	9	9	55	65	29	389	213	150
FRANKLIN	3938	919	258	37	20	73	13	87	14	5	35	62	17	187	138	63
FRONTIER	3101	875	196	29	17	93	16	84	22	22	29	76	13	150	165	48
FURNAS	5553	1350	287	59	45	101	27	73	15	21	53	57	27	334	188	121
GAGE	22794	5537	1520	212	111	855	42	58	17	23	7	81	149	1328	828	309
GARDEN	2460	574	159	15	6	69	38	62	24	22	0	84	9	169	88	56
GARFIELD	2141	553	135	22	2	49	23	77	22	16	0	73	11	139	94	49
GOSPER	1928	476	104	20	0	36	31	69	11	17	.	71	1	34	71	16
GRANT	769	228	64	11	3	32	58	42	16	23	0	64	2	52	41	26
GREELEY	3006	933	209	36	8	102	36	64	15	19	0	79	12	170	132	74
HALL	48925	13960	3851	794	1251	2059	52	48	14	19	36	76	554	4750	1854	1692
HAMILTON	8862	2598	678	112	99	216	19	81	11	11	25	75	36	338	305	176
HARLAN	3810	941	244	36	0	71	26	74	15	19	.	70	16	189	163	48
HAYES	1222	331	91	11	0	9	5	95	23	43	.	54	5	28	69	9

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HITCHCOCK	3750	1075	252	28	22	73	18	82	19	16	0	68	11	205	154	57
HOLT	12599	3818	1057	124	23	298	16	84	17	22	0	65	54	881	665	400
HOOKER	793	198	49	4	4	24	65	35	13	8	0	78	3	60	23	23
HOWARD	6055	1709	431	65	36	144	29	71	16	20	12	71	26	228	247	146
JEFFERSON	8759	2146	567	87	51	162	42	58	10	8	41	73	48	516	273	128
JOHNSON	4673	1140	267	46	41	142	36	64	15	15	20	79	15	172	139	43
KEARNEY	6629	1774	506	82	20	216	30	70	14	21	32	69	18	290	293	65
KEITH	8584	2386	611	103	242	337	31	69	12	13	34	75	36	541	360	204
KEYA PAHA	1029	270	50	15	0	21	18	82	35	34	.	45	4	77	47	31
KIMBALL	4108	1125	283	28	113	195	50	50	14	12	23	57	12	151	157	58
KNOX	9534	2498	607	106	209	232	20	80	26	27	60	74	76	673	395	186
LANCASTER	213641	50912	15112	3293	3957	8605	62	38	10	14	36	75	1795	13044	5420	5140
LINCOLN	32508	9353	2383	469	821	1626	59	41	16	23	47	58	359	2924	1221	947
LOGAN	878	292	71	10	4	15	21	79	18	20	0	64	4	20	47	4
LOUP	683	188	49	9	2	10	17	83	13	0	100	57	1	24	35	8
MADISON	32655	9389	2663	538	445	1269	54	46	10	10	23	78	204	2321	1090	951
McPHERSON	546	161	40	7	0	9	10	90	58	43	.	74	0	10	30	2
MERRICK	8042	2263	576	105	34	199	37	63	14	18	0	65	22	309	398	220
MORRILL	5423	1511	394	62	176	126	21	79	20	26	48	54	41	501	244	118
NANCE	4275	1220	335	44	39	76	19	81	16	22	26	77	29	258	204	86
NEMAHA	7980	1950	511	83	28	182	36	64	12	18	56	54	64	464	264	116
NUCKOLLS	5786	1509	343	43	9	135	20	80	18	26	22	71	19	250	212	69
OTOE	14252	3681	951	157	101	349	26	74	14	19	42	72	80	805	483	190
PAWNEE	3317	778	213	21	22	108	19	81	16	17	0	66	8	120	157	43
PERKINS	3367	1000	226	30	17	74	17	83	21	15	24	61	9	138	96	50
PHELPS	9715	2619	705	122	109	361	42	58	12	21	33	86	36	529	347	179
PIERCE	7827	2297	619	97	49	204	32	68	12	14	20	68	26	347	338	94
PLATTE	29820	9277	2579	437	228	875	37	63	11	12	10	75	178	1860	1191	619
POLK	5675	1541	344	73	8	119	14	86	11	9	43	75	14	213	131	73
RED WILLOW	11705	3136	838	154	113	492	43	57	16	20	11	72	67	871	493	321
RICHARDSON	9937	2539	695	86	54	232	43	57	13	19	6	66	64	751	431	170
ROCK	2019	588	144	22	0	99	35	65	23	35	.	52	9	117	110	62
SALINE	12715	3135	827	157	65	297	35	65	12	13	37	80	44	581	290	219
SARPY	102583	32992	9536	2005	3991	3728	51	49	6	7	9	67	392	2982	3341	1702
SAUNDERS	18285	5186	1365	235	87	463	28	72	12	14	10	71	80	910	765	205
SCOTTS BLUFF	36025	10110	2561	503	2682	2095	50	50	22	32	43	63	700	4904	1879	1157
SEWARD	15450	4073	1069	150	92	416	45	55	12	14	42	75	53	663	453	207
SHERIDAN	6750	1897	405	61	253	288	35	65	26	33	58	58	70	678	335	216
SHERMAN	3718	1052	242	39	12	88	15	85	20	19	50	70	9	179	193	111
SIOUX	1549	409	100	17	24	43	21	79	26	26	43	65	4	26	96	1
STANTON	6244	2077	572	71	19	191	32	68	16	22	53	58	17	285	356	92
THAYER	6635	1647	382	66	54	180	29	71	17	27	50	79	34	430	303	97
THOMAS	851	266	52	7	16	58	28	72	28	38	50	73	4	55	38	16
THURSTON	6936	2428	757	150	1464	686	64	36	42	49	61	65	318	1642	664	51
VALLEY	5169	1290	322	45	5	117	48	52	13	23	0	75	21	328	251	108
WASHINGTON	16607	4613	1063	204	73	436	33	67	5	9	40	72	46	554	453	144
WAYNE	9364	2248	642	105	39	227	27	73	15	17	20	70	45	411	326	130
WEBSTER	4279	1012	263	37	19	80	26	74	15	17	32	70	11	182	140	60
WHEELER	948	311	89	14	2	12	2	98	18	29	0	43	1	43	55	36
YORK	14428	4013	1143	176	83	344	24	76	7	11	27	67	50	896	431	312
TOTALS	1578385	429187	175353	23271	44303	66385	53	48	14	17	37	71	14713	105571	57561	37463

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COUNTY	17 FOOD STAMP CHILDREN	18 FREE/SUBSID. SCHOOLLUNCH	19 SUMMER FOOD PROGRAM	20 TEEN BIRTHS 10-17, '87-'96	21 OUT WEDLOCK BIRTHS '87-'95	22 INFANT DEATHS '87-'96	23 1-19 DEATHS '87-'96	24 CHILDREN OF DIVORCE '92-'96	25 GRADUATES '95-'96	26 DROPOUTS '95-'96	27 SPECIAL ED. '95-'96	28 COST PER PUPIL '95-'96	29 HEAD START 1996	30 FOSTER CARE 1996	31 % FOSTER CARE OWN COUNTY	32 JUVENILE ARRESTS
ADAMS	822	1011	148	116	808	33	40	537	331	92	739	5180	105	90	38	261
ANTELOPE	209	472	0	12	112	4	11	123	118	3	142	5595	20	5	40	7
ARTHUR	-	0	0	0	4	0	1	7	9	0	9	9156	0	1	100	0
BANNER	-	65	0	3	9	1	2	4	16	0	18	6647	0	4	0	0
BLAINE	9	58	0	2	5	0	1	14	12	1	7	7522	0	1	0	1
BOONE	181	436	0	14	87	4	5	83	108	2	178	5294	20	2	0	8
BOX BUTTE	531	468	80	95	435	17	21	348	180	10	315	4583	50	19	37	341
BOYD	20	196	0	15	42	2	4	29	47	0	97	5800	0	0	-	38
BROWN	89	141	0	19	63	2	5	80	51	1	67	5286	16	4	50	14
BUFFALO	1084	826	501	154	976	42	31	899	468	102	1110	4597	81	73	32	407
BURT	222	383	0	21	161	5	10	182	129	18	263	4995	20	14	0	86
BUTLER	156	385	0	27	127	6	9	143	107	10	226	5600	18	19	5	64
CASS	759	756	0	93	533	31	31	528	232	46	565	5193	103	28	29	126
CEDAR	141	815	0	11	114	11	16	119	171	7	223	5068	20	10	10	51
CHASE	95	277	0	23	74	5	4	63	75	7	162	5740	0	2	0	41
CHERRY	192	344	0	25	119	4	6	130	66	12	108	5260	38	10	80	25
CHEYENNE	375	535	198	45	260	6	10	257	118	10	256	5939	35	24	50	120
CLAY	226	376	0	18	106	8	15	109	104	10	304	6795	20	33	24	18
COLFAX	173	594	0	38	230	12	13	200	141	26	257	4582	20	17	12	197
CUMING	196	638	0	25	164	87	18	127	181	8	281	5135	17	17	59	31
CUSTER	370	557	0	41	218	10	17	294	177	7	217	5416	18	19	37	45
DAKOTA	603	132	224	150	861	37	18	455	211	61	476	4182	60	60	70	210
DAWES	330	276	0	35	276	10	6	160	184	95	308	5462	60	14	43	60
DAWSON	772	1314	143	164	906	38	25	629	311	52	637	4803	69	83	46	382
DEUEL	2	141	0	9	51	2	1	43	40	1	47	7459	14	1	100	7
DIXON	117	191	0	26	130	9	9	110	44	8	92	5227	0	4	0	23
DODGE	789	1516	0	136	921	40	42	833	474	73	1020	4952	125	130	42	277
DOUGLAS	21663	21816	7607	3002	20809	608	494	9197	4605	1877	10455	5428	904	1558	70	5,859
DUNDY	25	101	0	5	32	1	5	37	28	0	54	6115	0	2	100	7
FILLMORE	135	352	0	17	106	6	7	147	83	8	217	6190	18	12	0	34
FRANKLIN	70	202	0	16	43	1	5	41	44	3	85	6760	0	4	50	6
FRONTIER	49	239	0	8	41	1	0	56	47	2	129	6470	0	2	0	8
FURNAS	93	360	0	18	73	5	3	93	112	3	164	6063	0	2	0	42
GAGE	500	673	0	107	469	26	36	534	214	46	552	5132	58	28	50	238
GARDEN	4	171	0	7	32	1	0	50	35	5	39	7712	15	5	60	1
GARFIELD	39	97	0	6	23	3	5	61	41	0	59	5522	17	6	17	6
GOSPER	2	44	0	3	29	1	0	40	16	0	42	7023	0	2	50	19
GRANT	2	51	0	1	6	0	2	6	26	0	17	7004	0	0	.	1
GREELEY	49	305	0	9	65	0	9	25	65	3	88	6291	18	5	20	0
HALL	2032	2214	168	371	2025	62	59	1340	668	189	1337	4619	153	152	48	1658
HAMILTON	120	330	0	33	136	9	11	222	134	11	224	5234	20	18	28	32
HARLAN	55	81	0	8	50	1	4	68	23	4	50	5004	0	7	57	5
HAYES	9	59	0	2	8	0	2	1	9	0	21	8710	0	0	.	0

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HITCHCOCK	51	157	0	16	54	4	3	31	51	2	78	6784	0	2	0	5
HOLT	318	600	0	39	189	8	23	250	199	11	256	5156	47	28	29	87
HOOKER	52	54	0	1	6	0	0	10	19	0	24	6334	0	0	.	0
HOWARD	113	520	0	27	124	9	12	102	87	6	267	5182	20	5	0	8
JEFFERSON	195	485	0	28	120	15	7	192	134	18	274	5636	20	7	0	84
JOHNSON	63	228	0	12	63	7	4	100	79	3	173	5780	0	7	29	2
KEARNEY	86	190	0	11	108	10	18	151	91	5	205	5578	35	8	50	30
KEITH	235	319	0	53	197	8	6	216	107	22	245	5153	18	31	16	86
KEYA PAHA	24	59	0	1	5	1	1	17	15	0	10	5925	0	0	.	12
KIMBALL	8	215	0	14	78	3	4	101	45	8	78	5494	17	20	20	26
KNOX	314	885	0	39	208	10	14	112	171	7	286	5641	20	7	43	70
LANCASTER	6337	6822	454	876	6188	267	198	4897	2223	664	5116	5844	329	459	63	4244
LINCOLN	1284	1264	427	194	1046	42	38	958	478	63	1009	5083	36	128	50	728
LOGAN	1	69	0	2	4	1	3	9	12	2	21	6889	0	0	.	11
LOUP	12	46	0	1	9	0	1	3	12	0	24	7223	0	0	.	0
MADISON	951	1306	0	159	149	47	51	831	467	124	796	4582	50	62	50	485
McPHERSON	2	0	0	2	1	0	1	2	9	0	7	6535	0	0	.	2
MERRICK	112	394	0	29	149	5	16	142	130	14	238	5596	20	4	0	39
MORRILL	239	442	142	27	132	6	14	129	74	8	105	5458	26	6	33	38
NANCE	109	285	143	16	74	5	3	82	78	2	123	4590	17	1	0	16
NEMAHA	230	252	0	19	149	7	10	218	94	1	151	5258	34	4	25	18
NUCKOLLS	102	273	0	15	63	3	10	99	70	1	155	6390	20	11	46	10
OTOE	331	432	0	77	332	9	12	344	187	21	449	4608	34	16	19	143
PAWNEE	63	215	0	7	24	4	5	51	55	0	113	5949	0	3	33	5
PERKINS	57	135	0	6	36	0	7	61	45	3	79	6809	0	1	0	10
PHELPS	175	317	0	35	161	9	13	180	132	6	366	5680	15	15	7	52
PIERCE	142	372	0	24	122	11	13	180	106	11	175	4674	0	12	8	29
PLATTE	682	955	0	119	746	37	39	743	420	68	736	4850	57	49	12	453
POLK	61	234	0	18	75	5	11	82	108	6	159	6047	10	3	0	6
RED WILLOW	525	531	0	44	277	15	18	262	144	26	399	5695	18	13	39	157
RICHARDSON	337	605	0	38	228	6	10	223	124	6	238	5262	62	26	69	70
ROCK	50	106	0	4	23	1	4	21	34	0	46	6037	0	3	0	3
SALINE	202	491	0	25	202	11	16	295	177	21	331	4887	20	19	26	257
SARPY	558	2378	0	376	2411	139	123	2863	1256	136	2194	4835	91	262	35	1821
SAUNDERS	332	740	0	54	302	14	16	457	250	16	443	5160	44	29	31	153
SCOTTS BLUFF	2572	2117	634	354	1739	46	52	978	440	119	894	4677	217	92	58	462
SEWARD	215	536	0	27	209	6	20	275	206	24	400	5241	20	23	30	122
SHERIDAN	355	430	0	30	232	12	16	119	95	8	176	5164	40	10	0	149
SHERMAN	48	199	0	20	89	3	7	76	66	9	99	5847	20	14	57	16
SIOUX	0	0	0	2	10	2	6	2	13	0	19	7947	0	1	100	0
STANTON	105	105	0	27	129	2	6	128	34	6	68	4875	20	5	0	84
THAYER	183	311	0	7	78	1	9	118	90	1	143	6779	20	8	25	14
THOMAS	11	43	0	0	12	0	0	29	11	1	15	7631	0	0	.	1
THURSTON	810	1007	361	121	960	23	15	121	83	62	468	6329	20	28	57	0
VALLEY	155	232	0	15	80	4	8	90	52	2	91	5777	20	7	29	29
WASHINGTON	196	397	0	26	246	9	16	310	249	33	427	4634	0	7	14	132
WAYNE	130	340	0	17	139	9	10	151	116	14	163	4845	20	3	0	30
WEBSTER	79	169	0	12	53	1	3	45	51	2	114	5539	15	0	.	16
WHEELER	6	69	0	2	9	1	0	15	10	0	13	8248	0	2	0	1
YORK	350	1456	0	28	302	16	13	368	189	16	379	5797	30	21	19	267
TOTALS	52878	68785	11230	8026	50081	1925	1918	35663	19643	4391	40495	5771	3634	3949	54	21239

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Methodology, Data Sources and Definitions

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data were obtained from the state agency with primary responsibility and from reports of the U.S. Bureau of the Census, U.S. Department of Commerce. With respect to population data, the report utilizes data from the 1990 U.S. Census of Population and Housing (STF3A) and from the U.S. Census 1993-95 Current Population Surveys.

Race - Race/Hispanic identification - Throughout this report, race is reported based on definitions used by the U.S. Bureau of the Census. The census requests adult household members to specify the race for each household member including children. The racial categories provided are: White, Black/Negro, American Indian/Eskimo/Aleut, Asian/Pacific Islander, and Other Race. These racial categories are mutually exclusive; all persons are expected to respond with a single category. The Census treats Hispanic origin as a separate category and Hispanics may be of any race. In Nebraska, the great majority of Hispanic householders classify themselves as of either White or Other Race.

Rate - Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for 1997 Report - The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the *Kids Count in Nebraska* project consultants and advisors, and the national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

Juvenile Justice

Data Sources: Data concerning total arrests were provided by the Nebraska Commission on Law Enforcement and Criminal Justice. Data concerning the number of juveniles in detention centers were provided by the Nebraska Department of Correctional Services, Office of Juvenile Services. The twenty year data were provided by the Nebraska Commission on Law Enforcement and Criminal Justice Report "Juvenile Offenders in Nebraska" December, 1995.

Arrest, Part I Offenses - There are two categories of serious crimes: violent crimes and crimes against property. Violent crimes include the following: murder/manslaughter, death by negligence, forcible rape, robbery, felony assault. Crimes against property include: burglary, larceny-theft, motor vehicle theft and arson.

Arrest, Part II Offenses - The following crimes are included: misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution and commercialized vice, sex offenses, drug offenses, gambling, offenses against family, driving under the influence, liquor offenses, disorderly conduct, vagrancy, curfew and loitering law violations and runaways.

Juvenile Detention - Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the communities protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) - A long term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

Health: Physical and Behavioral

Data Sources: Data for Medicaid participants were provided by the Nebraska Health and Human Service System (NHHSS). Data related to births, deaths, pertussis, immunizations, and blood lead levels were provided by the NHHSS and based on NHHSS 1996 Vital Statistics Report. Data related to adolescent risk behavior and use of alcohol, tobacco, and drugs are taken from the 1995 Youth Risk Behavior Survey. Data on health insurance are from estimates based on a five-year average of the Current Population Surveys, U.S. Bureau of the Census. Data enumerating motor vehicle accident related deaths and injuries were provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities were provided by NHHSS.

Prenatal Care - Data on prenatal care are reported by the mother on birth certificates.

Low Birth Weight - A child weighing less than 2,500 grams or approximately 5.5 pounds at birth.

Child Abuse and Neglect/ Domestic Violence

Data Sources: Data were provided by the Foster Care Review Board,(FCRB), the NHHSS, and the Nebraska Domestic Violence/Sexual Assault Coalition.

Neglect - Can include emotional, medical, or physical neglect, or a failure to thrive.

Substantiated Case - A case has been reviewed and an official office or court has determined that credible evidence of child abuse and or neglect exists. Cases are reviewed by NHHSS and/or an appropriate court of law.

Agency substantiated case - NHHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence," that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court substantiated case - A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter - Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

Out of Home Care

Data Sources: Data were provided by NHHSS and FCRB.

Approved foster care homes - NHHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes has been maintained by NHHSS since 1992.

Licensed foster care homes - Must meet the requirements of the NHHSS. Licenses are reviewed for renewal every two years.

Out-of-home care - 24 hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to their family, placed in an adoptive home, receive a legal guardian or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings and independent living.

Education

Data Sources: Data on high school completion, high school graduates, secondary school drop-outs, expulsions, and children with verified disabilities were provided by the Nebraska Department of Education.

Behavioral Disorder - An inability to learn which cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children with schizophrenia. The term does not include children with social maladjustments unless determined to have behavioral disorders.

Dropouts - A dropout is an individual who: A) was enrolled in school at some time during the previous school year, or B) was not enrolled at the beginning of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, or state or district-approved education program, 2) temporary absence due to suspension or school-approved illness, or 3) death.

High school completions - The high school completion rate is a comparison of the number of children starting high school and the number graduating four years later. This comparison does not account for transfers in and out, deaths, or temporary absences.

Expulsion - Exclusion from attendance in all schools within the system in accordance with section 79-4, 196. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters.

Special Education - Specially designed instruction, including classroom, home instruction and instruction in hospitals and institutions, at no additional cost to the parent to meet the unique needs of a child with a verified disability. The term includes speech pathology, occupational therapy, physical therapy, etc.

Economic Well Being

Data Sources: Data related to Aid to Dependent Children and child support collections were provided by NHHSS. Data concerning divorce and involved children were taken from Vital Statistics provided by NHHSS. Data enumerating the number of children in low income families and cost burden for housing were taken from the 1990 U.S. Census of Population and Housing, STF3A. Data on the EIC program were provided by the Center on Budget and Policy Priorities.

Nutrition

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program and the WIC Program were provided by NHHSS. Data related to the USDA Food Programs for Children were provided by the Nebraska Department of Education. The total average daily number of children receiving free or subsidized school lunch is lower on the county page because that source is an unadjusted data base that does not include late claims factored into the total on page 20.

Early Care and Education

Data Sources: Parents in the workforce data were taken from the U.S. Census of Population and Housing, 1990. Data concerning child care subsidies and licensed child care were provided by NHHSS. Data concerning Head Start were provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch. Data concerning early childhood initiatives were provided by the Nebraska Department of Education.

Child care subsidy - NHHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below 110% of poverty. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed child care - State statute requires NHHSS to license all child care providers who care for four or more children from more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center based care - Day care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I - Provider of child care in a home to between 4 and 8 children from families other than providers at any one time. State license is required. The licensure procedure begins with a self-certification process. Can be approved or licensed.

Family Child Care Home II - Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start - The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start - early childhood education.

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Four-year-old Head Start child in Omaha.

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Valencia, 6 months, and her mom.

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